

Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **Snicklefritz South Kids Club**

City: **Harrisburg**

Provider Number: **018042326**

Inspector: **Sarah Boese**

Date of Inspection: **04/08/2024**

Time of Inspection: **4:21 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

A. Fire and Life Safety

- 17. Are exit signs provided over each exit, and where necessary to identify a change in the direction of egress travel? 61:15:05:05; 61:15:06:05
NOTE: Exit signs must be interior or exterior illuminated or self-luminous.

<p>Corrections To Be Made:</p> <p>The exit signs in the front and back of the room did not illuminate when tested.</p> <p>Exit signs must either illuminate when tested or be self-luminous.</p> <p>The provider was given extra time to replace the exit signs. The provider has replaced the exit signs, and during testing, all signs illuminated properly.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="1"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>04/19/2024</td> <td>05/17/2024</td> </tr> <tr> <td>Status:</td> <td>Corrected</td> </tr> </table>	Suggested Completion Date:	Actual Completion Date:	04/19/2024	05/17/2024	Status:	Corrected
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04/19/2024	05/17/2024						
Status:	Corrected						

- 21. Are portable fire extinguishers charged, operable, and inspected annually by a qualified service technician? 61:15:05:10
NOTE: Minimum 2A rated on each level. No more than 75 feet travel distance to an extinguisher. One near food preparation.

<p>Corrections To Be Made:</p> <p>Current documentation on the annual fire extinguisher inspection conducted by a qualified service technician was not available.</p> <p>A qualified service technician must inspect a fire extinguisher on an annual basis.</p> <p>A qualified service technician inspected the fire extinguishers, and the provider submitted documentation to OLA.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="1"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>04/19/2024</td> <td>04/15/2024</td> </tr> <tr> <td>Status:</td> <td>Corrected</td> </tr> </table>	Suggested Completion Date:	Actual Completion Date:	04/19/2024	04/15/2024	Status:	Corrected
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Provider Signature

Karli Dubro

Name

04/08/2024

Date

Inspector Signature

Sarah Boese

Name

04/08/2024

Date