

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Crow Creek Tribal Daycare** City: **Fort Thompson** Provider Number: **010604407**
 Inspector: **Becky Hurst** Date of Inspection: **11/07/2018** Time of Inspection: **3:03 PM**

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

G. Record Keeping, Posting Information and Fire & Tornado Drills

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

Corrections To Be Made: TG - Three References NH - Three References RJ - Timely Orientation, Training IL - Three References, C A/N Report Statement, Training LL - Training DV - Training	Agency Action: Compliance Plan <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">12/07/2018</td> <td style="text-align: center;">12/20/2018</td> </tr> </table> Status: Corrected	Suggested Completion Date:	Actual Completion Date:	12/07/2018	12/20/2018
Suggested Completion Date:	Actual Completion Date:				
12/07/2018	12/20/2018				

Donna Voice

 Provider Signature

11/07/2018

 Date

Becky Hurst

 Inspector Signature

11/07/2018

 Date