

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Crow Creek Head Start**

City: **Fort Thompson**

Provider Number: **014511901**

Inspector: **Becky Hurst**

Date of Inspection: **11/19/2018**

Time of Inspection: **12:30 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.

<p>Corrections To Be Made:</p> <p>LH - Three References JM - CPR</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <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;">12/19/2018</td> <td style="text-align: center;">01/03/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/19/2018	01/03/2019
Suggested Completion Date:	Actual Completion Date:				
12/19/2018	01/03/2019				

Penny Marsh

Provider Signature

01/03/2019

Date

Becky Hurst

Inspector Signature

01/03/2019

Date