Program Inspection
Compliance Plan

Provider's Name:	**Crow Creek Early Head Start**	City:	**Fort Thompson**	Provider Number:	**010607154**
Inspector:	**Sarah Deakins**	Date of Inspection:	**10/04/2023**	Time of Inspection:	**12:37 PM**

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

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

34. Does the provider have documentation showing two fire evacuation drills, two shelter-in-place drills, and two lockdown drills conducted in the past calendar year? 67:42:17:43

Corrections To Be Made:

At the time of the inspection, there was no documentation showing two fire drills, two shelter-in-place drills, and two lockdown drills conducted in the past calendar year.

The program will have documentation showing two fire drills, two shelter-in-place drills, and two lockdown drills conducted in the past calendar year.

Verification of the programs previous calendar year drills was received.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/26/2023	**10/13/2023**

Status: **Corrected**

35. Does each child ' s record contain all required information? 67:42:17:42

Corrections To Be Made:

KB - Immunization Records
AT - Immunization Records
HTH - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/26/2023	**10/13/2023**

Status: **Corrected**

E. Written Procedures

50. Is there a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations; and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions? 67:42:17:43

Corrections To Be Made:	Agency Action:	
At the time of the inspection there was no written emergency preparedness and response plan available. **The program will have a written emergency preparedness and response plan in place which covers all areas to include evacuation, relocation, shelter-in-place, lock-down procedures.** **Verification of the programs written emergency preparedness and response plan was received.**	**Compliance Plan** Suggested Completion Date: **10/26/2023** Status: **Corrected**	Actual Completion Date: **10/13/2023**

F. Insurance

52. Does the program have proof of current liability insurance? 67:42:17:43

Corrections To Be Made:	Agency Action:	
At the time of the inspection there was no proof of current liability insurance available. **The provider will have proof of current liability insurance available.** **Verification of current liability insurance was received.**	**Compliance Plan** Suggested Completion Date: **10/26/2023** Status: **Corrected**	Actual Completion Date: **10/13/2023**

RaeAnn Naser	**10/04/2023**	**Sarah Deakins**	**10/04/2023**
Provider Signature	Date	Inspector Signature	Date