

Program Inspection Compliance Plan

Provider's Name: **Helping Hands Childcare**

City: **Aberdeen**

Provider Number: **011102542**

Inspector: **Julie Hermansen**

Date of Inspection: **04/10/2024**

Time of Inspection: **2:12 PM**

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

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

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:	Agency Action:	
MG - CPR, Training	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	04/24/2024	04/16/2024
	Status: Corrected	

Madeleine Gould

Provider Signature

04/10/2024

Date

Julie Hermansen

Inspector Signature

04/10/2024

Date