

Program Inspection Compliance Plan

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

City: **Fort Thompson**

Provider Number: **014511901**

Inspector: **Sarah Deakins**

Date of Inspection: **10/04/2023**

Time of Inspection: **3:00 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

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:

10/26/2023

Actual
Completion
Date:

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.	Compliance Plan	
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.	Suggested Completion Date:	Actual Completion Date:
Verification of the programs emergency preparedness and response plan was received.	10/26/2023	10/13/2023
	Status: Corrected	

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.	Compliance Plan	
The provider will have proof of current liability insurance available.	Suggested Completion Date:	Actual Completion Date:
Verification of the programs current liability insurance was received.	10/26/2023	10/13/2023
	Status: Corrected	

53. If transportation is provided, does the program have proof of liability insurance for the vehicle(s) used to transport children? 67:42:17:45

Corrections To Be Made:	Agency Action:	
At the time of the inspection there was no proof of liability insurance for the vehicle(s) available.	Compliance Plan	
The program will have proof of liability insurance available for the vehicle(s).	Suggested Completion Date:	Actual Completion Date:
Verification of the programs current liability insurance for the vehicles was received.	10/26/2023	10/13/2023
	Status: Corrected	

RaeAnn Naser

Provider Signature

10/04/2023

Date

Sarah Deakins

Inspector Signature

10/04/2023

Date