Program Inspection
Compliance Plan

Provider's Name:	**NHAC - DEADWOOD FIRST STEP**	City:	**Deadwood**	Provider Number:	**016598207**
Inspector:	**Tina Uecker**	Date of Inspection:	**09/17/2024**	Time of Inspection:	**9:00 AM**

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

32. Does the provider have a weekly menu posted, which includes meals and snacks to be served each week? 67:42:17:30

Corrections To Be Made:	Agency Action:	
The menu developed at the time of the inspection did not outline snacks served to children. Menus posted must include snacks served to children. ***Provider sent a menu that included the snacks served at the daycare.**	**Compliance Plan** Suggested Completion Date: **10/01/2024** Status: **Corrected**	Actual Completion Date: **09/26/2024**

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

Corrections To Be Made:	Agency Action:	
PC - Immunization Records **OJ - Immunization Records**	**Compliance Plan** Suggested Completion Date: **10/01/2024** Status: **Corrected**	Actual Completion Date: **09/26/2024**

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

Corrections To Be Made:

AA - Training
SB - Training
JJ - CPR
FJ - Training
CL - Training
KY - C A/N Report Statement

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/01/2024	**10/15/2024**

Status: **Corrected**

Kaylee Wellford	**09/17/2024**	**Tina Uecker**	**09/17/2024**
Provider Signature	Date	Inspector Signature	Date