

Program Inspection Compliance Plan

Provider's Name: **M & M Day Care LLC**

City: **Belle Fourche**

Provider Number: **016598350**

Inspector: **Andrea Neff**

Date of Inspection: **06/06/2024**

Time of Inspection: **8:42 AM**

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:

TH - C A/N Report Statement
AL - C A/N Report Statement
AS - C A/N Report Statement

Agency Action:

Compliance Plan

Suggested
Completion
Date:

06/14/2024

Actual
Completion
Date:

06/14/2024

Status: **Corrected**

Mischelle Reede

Provider Signature

06/06/2024

Date

Andrea Neff

Inspector Signature

06/06/2024

Date