

**Facility Safety Inspection  
Fire & Life Safety / Environmental Health  
Licensed Day Care Programs  
Compliance Plan**

Provider's Name: **NHAC - Deadwood First Step**

City: **Deadwood**

Provider Number: **016598207**

Inspector: **Jon Farrar**

Date of Inspection: **10/16/2019**

Time of Inspection: **10:26 AM**

**Provider was found to be in full compliance**

**Pam Varland**

Provider Signature

**10/16/2019**

Date

**Jon Farrar**

Inspector Signature

**10/16/2019**

Date