Program Inspection
Compliance Plan

Provider's Name:	**Gregory Community Day Care Center**	City:	**Gregory**	Provider Number:	**000097051**
Inspector:	**Sarah Deakins**	Date of Inspection:	**10/09/2024**	Time of Inspection:	**1:03 PM**

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

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

Corrections To Be Made:

CB - Immunization Records
HB - Immunization Records
RB - Immunization Records
HB - Immunization Records
TB - Immunization Records
EM - Immunization Records
WT - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
11/11/2024	**11/25/2024**

Status: **Corrected**

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

Corrections To Be Made:

LH - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State, C A/N Report Statement, Five Year Screen, Orientation Complete, Level II Complete, Level III Complete, CPR, Training
AR - FBI Check, Orientation Complete
JS - FBI Check
HV - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Orientation Complete

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
11/11/2024	**11/25/2024**

Status: **Corrected**

Katie Kalenda	**10/09/2024**	**Sarah Deakins**	**10/09/2024**
Provider Signature	Date	Inspector Signature	Date