Program Inspection
Compliance Plan

Provider's Name:	**Sicangu Oyate Cinkala Waunspe Oti**	City:	**Rosebud**	Provider Number:	**010605243**
Inspector:	**Andrea Neff**	Date of Inspection:	**05/01/2024**	Time of Inspection:	**12:03 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:

AL - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
05/20/2024	**05/09/2024**

Status: **Corrected**

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

Corrections To Be Made:

SK - C A/N Report Statement
AL - FBI Check, NCIC Check
RL - FBI Check, NCIC Check, Level II Complete
DV - C A/N Report Statement

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
05/25/2024	**05/23/2024**

Status: **Corrected**

F. Insurance

52. Does the program have proof of current liability insurance? 67:42:17:43

Corrections To Be Made:	Agency Action:	
Program did not have a current copy of liability insurance on file. Copy on file has expired. **Program will need to submit a current copy of liability insurance.** **Correction: Program submitted a copy of current liability insurance.**	**Compliance Plan** Suggested Completion Date: **05/20/2024** Status: **Corrected**	Actual Completion Date: **05/03/2024**

Dennisa Valandra	**05/01/2024**	**Andrea Neff**	**05/01/2024**
Provider Signature	Date	Inspector Signature	Date