

Program Inspection Compliance Plan

Provider's Name: **Crow Creek Early Head Start**

City: **Fort Thompson**

Provider Number: **010607154**

Inspector: **Sarah Deakins**

Date of Inspection: **06/04/2024**

Time of Inspection: **1:12 PM**

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:

LH - Level II Complete

LL - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Five Year Screen

Agency Action:

Compliance Plan

Suggested
Completion
Date:

06/18/2024

Actual
Completion
Date:

06/06/2024

Status: **Corrected**

F. Insurance

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

Corrections To Be Made:

At the time of the inspection there was no proof of liability insurance.

Proof of current liability insurance must be available at the time of the inspection.

Verification of current liability insurance has been received.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

06/18/2024

Actual
Completion
Date:

06/06/2024

Status: **Corrected**

Penny Marsh

Provider Signature

06/04/2024

Date

Sarah Deakins

Inspector Signature

06/04/2024

Date