

# Program Inspection Compliance Plan

Provider's Name: **The Children's Ark Inc.**

City: **Chamberlain**

Provider Number: **010607199**

Inspector: **Sarah Deakins**

Date of Inspection: **02/01/2024**

Time of Inspection: **10:44 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

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

Corrections To Be Made:	Agency Action:	
<b>EC - Immunization Records</b> <b>KF - Enrollment Date, Information Sheet, Emergency Permission</b> <b>CH - Immunization Records</b> <b>EH - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>02/21/2024</b>	<b>03/19/2024</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:	Agency Action:	
<b>DH - Level II Complete, Training</b> <b>BR - C A/N Report Statement</b> <b>KS - CPR</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>02/21/2024</b>	<b>03/18/2024</b>
	Status: <b>Corrected</b>	

## F. Insurance

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

Corrections To Be Made:	Agency Action:	
<b>At the time of the inspection, there was no proof of current liability insurance available.</b>	<b>Compliance Plan</b>	
<b>The program will ensure there is proof if current liability insurance available at the time of the inspection.</b>	Suggested Completion Date:	Actual Completion Date:
<b>The program sent verification of current liability insurance.</b>	<b>02/21/2024</b>	<b>03/19/2024</b>
	Status: <b>Corrected</b>	

**Alyson Lynch**  
\_\_\_\_\_  
Provider Signature

**02/01/2024**  
\_\_\_\_\_  
Date

**Sarah Deakins**  
\_\_\_\_\_  
Inspector Signature

**02/01/2024**  
\_\_\_\_\_  
Date