Program Inspection
Compliance Plan

Provider's Name:	**Crow Creek Head Start**	City:	**Fort Thompson**	Provider Number:	**014511901**
Inspector:	**Sarah Deakins**	Date of Inspection:	**06/04/2024**	Time of Inspection:	**10:11 AM**

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

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

Corrections To Be Made:

AS - Orientation Complete, CPR, Training
MW - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
06/18/2024	**06/13/2024**

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 current liability insurance.

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

The program sent verification of current liability insurance.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
06/18/2024	**06/06/2024**

Status: **Corrected**

53. If transportation is provided, does the program have proof of liability insurance for the vehicle(s) used to transport children? 67:42:17:45

Corrections To Be Made:	Agency Action:	
At the time of the inspection there was no proof of vehicle liability insurance. **Proof of current liability insurance for all vehicles used to transport children must be available at the time of the inspection.** **Provider sent verification of current vehicle liability insurance for the vehicle used to transport children.**	**Compliance Plan** Suggested Completion Date: **06/18/2024** Status: **Corrected**	Actual Completion Date: **06/06/2024**

Penny Marsh	**06/04/2024**	**Sarah Deakins**	**06/04/2024**
Provider Signature	Date	Inspector Signature	Date