

Program Inspection Compliance Plan

Provider's Name: **Sinte Gleska University Child
Care**

City: **Mission**

Provider Number: **015508238**

Inspector: **Andrea Neff**

Date of Inspection: **05/01/2024**

Time of Inspection: **1:07 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:	Agency Action:	
RR - Training JS - Training	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/30/2024	06/04/2024
	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. Program will need to submit a current copy of liability insurance. Correction: Program submitted copy of current liability insurance.	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/20/2024	05/09/2024
	Status: Corrected	

Rene Reifel

Provider Signature

05/01/2024

Date

Andrea Neff

Inspector Signature

05/01/2024

Date