

# Program Inspection Compliance Plan

Provider's Name: **Falcon's Nest Daycare**

City: **Mission**

Provider Number: **016597751**

Inspector: **Andrea Neff**

Date of Inspection: **09/11/2024**

Time of Inspection: **11:15 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

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

Corrections To Be Made:

**MH - C A/N Report Statement  
DV - C A/N Report Statement**

Agency Action:

### **Compliance Plan**

Suggested  
Completion  
Date:

**09/27/2024**

Actual  
Completion  
Date:

**09/27/2024**

Status: **Corrected**

## F. Insurance

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

Corrections To Be Made:

**This is a new program opening in October. Program did not have proof of current liability insurance at time of inspection.**

**Program will need to submit proof of current liability insurance.**

**Correction: Program provided proof of current liability insurance.**

Agency Action:

### **Compliance Plan**

Suggested  
Completion  
Date:

**09/27/2024**

Actual  
Completion  
Date:

**09/13/2024**

Status: **Corrected**

**Bobbie Cox**

Provider Signature

**09/11/2024**

Date

**Andrea Neff**

Inspector Signature

**09/11/2024**

Date