

# Program Inspection Compliance Plan

Provider's Name: **Children's House Montessori**

City: **Rapid City**

Provider Number: **016597783**

Inspector: **Andrea Neff**

Date of Inspection: **05/20/2024**

Time of Inspection: **11:30 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## F. Insurance

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

Corrections To Be Made:

**Program did not have proof of current liability insurance available.**

**Program will need to submit a copy of current liability insurance.**

**Correction: Program submitted a copy of current liability insurance.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**06/07/2024**

Status: **Corrected**

Actual  
Completion  
Date:

**05/23/2024**

**Michelle Kargarmanov**

Provider Signature

**06/12/2024**

Date

**Andrea Neff**

Inspector Signature

**05/20/2024**

Date