Program Inspection
Compliance Plan

Provider's Name:	**Skies the Limit Academy**	City:	**Fort Meade**	Provider Number:	**016597854**
Inspector:	**Andrea Neff**	Date of Inspection:	**08/13/2024**	Time of Inspection:	**12:47 PM**

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:

AL - C A/N Report Statement
KM - CPR
TM - CPR

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
08/27/2024	**09/16/2024**

Status: **Corrected**

Ariel Britton	**08/13/2024**	**Andrea Neff**	**08/13/2024**
Provider Signature	Date	Inspector Signature	Date