

Program Inspection Compliance Plan

Provider's Name: **The Purple Crayon**

City: **Tea**

Provider Number: **018043210**

Inspector: **Teri Pieters**

Date of Inspection: **05/03/2024**

Time of Inspection: **10:28 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:	Agency Action:	
MH - Out Of State KL - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check MW - Out Of State	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/24/2024	06/12/2024
	Status: Corrected	

Beth Jorgenson

Provider Signature

05/03/2024

Date

Teri Pieters

Inspector Signature

05/03/2024

Date