

Provider required to post this report.

## Program Inspection Compliance Plan

Provider's Name: **Agape Daycare**

City: **Lemmon**

Provider Number: **016597739**

Inspector: **Andrea Neff**

Date of Inspection: **10/18/2024**

Time of Inspection: **10:13 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:

**Owner of the building/daycare has insurance on the building, however does not have liability insurance on the daycare. There was no documentation showing that Agape Daycare is covered under the current policy.**

**Program must have proof of current liability insurance.**

**Program will need to submit the current Certificate of Liability Insurance for Agape Daycare.**

**Correction: Program submitted the Certificate of Liability Insurance the will be effective for Agape Daycare on 12/02/2024.**

Agency Action:

**Compliance Plan**

Suggested Completion Date:	Actual Completion Date:
10/31/2024	11/18/2024
Status: <b>Corrected</b>	



Provider Signature

**Tracy Fattorusso**

Name

**10/18/2024**

Date



Inspector Signature

**Andrea Neff**

Name

**10/18/2024**

Date