

Program Inspection Compliance Plan

Provider's Name: **Wagner Early Childhood Center** City: **Wagner**

Provider Number: **010603037**

Inspector: **Deb Bigge**

Date of Inspection: **11/02/2022**

Time of Inspection: **11:46 AM**

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

C. Staff-Child Ratios

27. Is there 20 or less children in an activity grouping and staff to child ratio met at all times? 67:42:10:07
NOTE: Activity grouping is to be maintained at 20 children or less. Ratio is 1 staff to every 5 children age birth up to 3 years; 1 staff to every 10 children ages 3 to 6 years; and 1 staff to every 15 children over 6 years of age. Mixed age groups meet requirements of the majority age except when 3 or more children under age 3 are present, then the ratio for children under age 3 must be met which is 1 staff to every 5 children.

Corrections To Be Made:

The program was over ratio by two children during the inspection. Provider did not understand staffing requirements of mixed age grouping.

Mixed age grouping ratios were reviewed with Provider to assure understanding of requirements. Provider will maintain the mixed age group ratios going forward.

Provider has adjusted enrollments to assure that the correct ratio is maintained going forward.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

11/02/2022

Actual
Completion
Date:

11/02/2022

Status: **Corrected**

G. Record Keeping, Posting Information and Fire & Tornado Drills

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

Corrections To Be Made:

SA - Sex Offender Registry Check, Criminal Record Check, Timely Orientation, CPR, Training
PB - Training
MF - C A/N Report Statement, Training

Agency Action:

Compliance Plan

Suggested
Completion
Date:

12/02/2022

Actual
Completion
Date:

11/21/2022

Status: **Corrected**

41. Are children's records complete? 67:42:16:13 Note: Children's records are to be maintained at the facility for 6 months following the date care ceases.

Corrections To Be Made:

RB - Immunization Records
LC - Immunization Records
QC - Immunization Records
ZC - Immunization Records
KE - Immunization Records
LH - Immunization Records
LSTH - Immunization Records
KW - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

11/16/2022

Actual
Completion
Date:

11/21/2022

Status: **Corrected**

Pam Beeson

Provider Signature

11/02/2022

Date

Deb Bigge

Inspector Signature

11/02/2022

Date