Program Inspection
Compliance Plan

Provider's Name:	**Wagner Early Childhood Center**	City:	**Wagner**	Provider Number:	**010603037**
Inspector:	**Deb Bigge**	Date of Inspection:	**10/18/2023**	Time of Inspection:	**12:39 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

35. Does each child ' s record contain all required information? 67:42:17:42

Corrections To Be Made:

MA - Immunization Records
EB - Immunization Records
SB - Immunization Records
LC - Immunization Records
SE - Immunization Records
MK - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
11/01/2023	**11/13/2023**

Status: **Corrected**

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:

PB - Level II Complete, Training
AF - Level II Complete, Training
MS - Out Of State

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
11/01/2023	**10/30/2023**

Status: **Corrected**

D. Transportation

46. If transporting children, is written permission from each child ' s parent obtained? 67:42:17:45

Corrections To Be Made:	Agency Action:	
The Program does not have written permission for transportation on file. **Parental permission must be obtained to transport children.** **Received verification that permission was on file for all children who are transported.**	**Compliance Plan** Suggested Completion Date: **11/01/2023** Status: **Corrected**	Actual Completion Date: **11/27/2023**

Pam Beeson	**10/24/2023**	**Deb Bigge**	**10/24/2023**
Provider Signature	Date	Inspector Signature	Date