Program Inspection
Compliance Plan

Provider's Name:	**Growing Dreams Learning Center**	City:	**Freeman**	Provider Number:	**010605489**
Inspector:	**Deb Bigge**	Date of Inspection:	**03/14/2024**	Time of Inspection:	**10:59 AM**

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:

SE - Immunization Records
EH - Emergency Permission, Immunization Records
KH - Enrollment Date
LK - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
03/28/2024	**04/26/2024**

Status: **Corrected**

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

Corrections To Be Made:

MJ - Out Of State, Orientation Complete, Training
AW - Out Of State

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
03/28/2024	**04/10/2024**

Status: **Corrected**

Hannah Guthrie	**03/14/2024**	**Deb Bigge**	**03/14/2024**
Provider Signature	Date	Inspector Signature	Date