

Program Inspection Compliance Plan

Provider's Name: **Eagle Nest Learning Center**

City: **Wanblee**

Provider Number: **010605535**

Inspector: **Tina Uecker**

Date of Inspection: **08/07/2024**

Time of Inspection: **9:30 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:

AH - Five Year Screen, Orientation Complete
PL - Five Year Screen
SP - Five Year Screen

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

09/01/2024

09/04/2024

Status: **Corrected**

Adrienne Runs Against

Provider Signature

09/12/2024

Date

Tina Uecker

Inspector Signature

09/12/2024

Date