

Program Inspection Compliance Plan

Provider's Name: **Kingdom Kids Learning Center** City: **Huron**

Provider Number: **014511974**

Inspector: **Sarah Deakins** Date of Inspection: **04/15/2024**

Time of Inspection: **1:21 PM**

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

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

Corrections To Be Made:	Agency Action:	
MH - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/03/2024	04/17/2024
	Status: Corrected	

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

Corrections To Be Made:	Agency Action:	
RJ - CPR KW - Training	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/03/2024	05/06/2024
	Status: Corrected	

Kelly Wipf

Provider Signature

04/15/2024

Date

Sarah Deakins

Inspector Signature

04/15/2024

Date