Program Inspection
Compliance Plan

Provider's Name:	**Wolf Pups Day Care**	City:	**Menno**	Provider Number:	**014512500**
Inspector:	**Deb Bigge**	Date of Inspection:	**03/06/2024**	Time of Inspection:	**2:40 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:	Agency Action:	
BB - Emergency Permission **AD - Immunization Records** **LD - Immunization Records** **CH - Immunization Records** **HM - Immunization Records** **RM - Immunization Records** **EP - Immunization Records** **NS - Immunization Records**	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	03/21/2024	**04/02/2024**
	Status: **Corrected**	

Melanie Walter	**03/06/2024**	**Deb Bigge**	**03/06/2024**
Provider Signature	Date	Inspector Signature	Date