Program Inspection
Compliance Plan

Provider's Name:	**The Learning Bridge**	City:	**Bridgewater**	Provider Number:	**018038631**
Inspector:	**Deb Bigge**	Date of Inspection:	**03/13/2024**	Time of Inspection:	**8:24 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:	Agency Action:	
TB - Immunization Records **RG - Immunization Records**	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	03/20/2024	**03/13/2024**
	Status: **Corrected**	

Julie Jaeger	**03/13/2024**	**Deb Bigge**	**03/13/2024**
Provider Signature	Date	Inspector Signature	Date