Program Inspection
Compliance Plan

Provider's Name:	**Cougar Kids**	City:	**Hurley**	Provider Number:	**018040415**
Inspector:	**Deb Bigge**	Date of Inspection:	**03/07/2024**	Time of Inspection:	**8:56 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:	
JJ - Immunization Records	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	03/21/2024	**03/20/2024**
	Status: **Corrected**	

Jill Dangel	**03/07/2024**	**Deb Bigge**	**03/07/2024**
Provider Signature	Date	Inspector Signature	Date