

# Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Little Angels Daycare**

City: **Watertown**

Provider Number: **011515893**

Inspector: **Rachel Holm**

Date of Inspection: **03/19/2018**

Time of Inspection: **3:27 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## G. Record Keeping, Posting Information and Fire & Tornado Drills

41. Are children's records complete? 67:42:16:13 Note: Children's records are to be maintained at the facility for 6 months following the date care ceases.

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> <li><b>CB - Immunization Records</b></li> <li><b>EG - Immunization Records</b></li> <li><b>GG - Immunization Records</b></li> <li><b>GG - Immunization Records</b></li> <li><b>MG - Immunization Records</b></li> <li><b>MJ - Immunization Records</b></li> <li><b>AS - Immunization Records</b></li> <li><b>RW - Immunization Records</b></li> </ul>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>04/28/2018</b></td> <td style="text-align: center;"><b>05/08/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>04/28/2018</b>	<b>05/08/2018</b>
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<b>04/28/2018</b>	<b>05/08/2018</b>				

**Angela LaFramboise**  
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Provider Signature

**03/28/2018**  
\_\_\_\_\_  
Date

**Rachel Holm**  
\_\_\_\_\_  
Inspector Signature

**03/28/2018**  
\_\_\_\_\_  
Date