

# Family Day Care Inspection Compliance Plan

Provider's Name: **Peggy Hamann**

City: **Watertown**

Provider Number: **011515487**

Inspector: **Jennie Halajian**

Date of Inspection: **03/08/2018**

Time of Inspection: **8:48 AM**

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

## B. Record Keeping/Fire Safety & Emergency Weather Drills

30. Does each child's record contain all required information? 67:42:16:13

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> <li><b>SA - Immunization Records</b></li> <li><b>KB - Immunization Records</b></li> <li><b>TF - Immunization Records</b></li> <li><b>CK - Immunization Records</b></li> <li><b>SR - 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>04/08/2018</b></td> <td style="text-align: center;"><b>04/05/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>04/08/2018</b>	<b>04/05/2018</b>
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<b>04/08/2018</b>	<b>04/05/2018</b>				

**Peggy Hamman**

**03/08/2018**

**Jennie Halajian**

**03/08/2018**

Provider Signature

Date

Inspector Signature

Date