

# Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Immaculate Conception/ KOT**      City: **Watertown**      Provider Number: **011515993**  
 Inspector: **Rachel Holm**      Date of Inspection: **08/06/2018**      Time of Inspection: **4:07 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

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

<p>Corrections To Be Made:</p> <p><b>AC - Criminal Record Check</b> <b>DI - Criminal Record Check</b></p>	<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>09/15/2018</b></td> <td style="text-align: center;"><b>10/04/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/15/2018</b>	<b>10/04/2018</b>
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<b>09/15/2018</b>	<b>10/04/2018</b>				

**Carol Dagel**  
\_\_\_\_\_  
Provider Signature

**08/15/2018**  
\_\_\_\_\_  
Date

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

**08/15/2018**  
\_\_\_\_\_  
Date