

# Family Day Care Inspection Compliance Plan

Provider's Name: **Angela Hillberg**

City: **Watertown**

Provider Number: **011516903**

Inspector: **Kelly Gnat**

Date of Inspection: **05/09/2019**

Time of Inspection: **8:00 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

Corrections To Be Made:

**FD - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**05/30/2019**

Actual  
Completion  
Date:

**05/17/2019**

Status: **Corrected**

## D. Health & Safety Features of the Home - Outdoor Environmental Observations

90. Did the Provider obtain orientation training in the topic of child development by 11/30/2018?

Corrections To Be Made:

**Provider and helper are to complete the child development training topic required for orientation.**

**Correction: Certificates were received showing completion on 05/09/19.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**05/30/2019**

Actual  
Completion  
Date:

**05/09/2019**

Status: **Corrected**

**Angela Gillberg**

Provider Signature

**05/09/2019**

Date

**Kelly Gnat**

Inspector Signature

**05/09/2019**

Date