

Program Inspection Compliance Plan

Provider's Name: **Wilmot School Daycare**

City: **Wilmot**

Provider Number: **011102553**

Inspector: **Julie Hermansen**

Date of Inspection: **07/10/2024**

Time of Inspection: **2:39 PM**

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

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:

AD - Orientation Complete

Agency Action:

Compliance Plan

Suggested
Completion
Date:

07/25/2024

Actual
Completion
Date:

08/07/2024

Status: **Corrected**

Kalli Green

Provider Signature

07/10/2024

Date

Julie Hermansen

Inspector Signature

07/10/2024

Date