

Family Day Care Inspection Compliance Plan

Provider's Name: **Peggy Hamann**

City: **Watertown**

Provider Number: **011515487**

Inspector: **Ambuer Jaacks**

Date of Inspection: **04/11/2024**

Time of Inspection: **12:27 PM**

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

B. Record Keeping/Emergency Preparedness

31. Does each child's record contain all required information? 67:42:17:42

Corrections To Be Made:

KH - Immunization Records
PM - Immunization Records

Agency Action:

Compliance Plan

Suggested
Completion
Date:

04/25/2024

Actual
Completion
Date:

05/02/2024

Status: **Corrected**

Peggy Hamann

Provider Signature

04/11/2024

Date

Ambuer Jaacks

Inspector Signature

04/11/2024

Date