

Program Inspection Compliance Plan

Provider's Name: **Little Angels**

City: **Watertown**

Provider Number: **011515893**

Inspector: **Ambuer Jaacks**

Date of Inspection: **03/14/2024**

Time of Inspection: **11:30 AM**

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

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

Corrections To Be Made:	Agency Action:	
NM - Immunization Records AS - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	03/28/2024	03/14/2024
	Status: Corrected	

Abigail LaFramboise

Provider Signature

03/14/2024

Date

Ambuer Jaacks

Inspector Signature

03/14/2024

Date