

Family Day Care Inspection Compliance Plan

Provider's Name: **Michele Weber**

City: **Watertown**

Provider Number: **011516066**

Inspector: **Eric Anderson**

Date of Inspection: **03/20/2024**

Time of Inspection: **9:03 AM**

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:	Agency Action:	
JF - Immunization Records AG - Immunization Records BK - Immunization Records SW - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	04/11/2024	04/08/2024
	Status: Corrected	

Michele Weber

Provider Signature

03/20/2024

Date

Eric Anderson

Inspector Signature

03/20/2024

Date