

# Program Inspection Compliance Plan

Provider's Name: **Immaculate Conception  
Preschool Plus**

City: **Watertown**

Provider Number: **011517016**

Inspector: **Ambuer Jaacks**

Date of Inspection: **09/11/2024**

Time of Inspection: **2:03 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

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

Corrections To Be Made:

**LH - Immunization Records**  
**CJ - Immunization Records**  
**RL - Immunization Records**  
**GM - Immunization Records**  
**LM - Emergency Permission, Immunization Records**  
**PP - Immunization Records**  
**AR - Immunization Records**  
**CR - Immunization Records**  
**FS - Immunization Records**  
**KS - Immunization Records**  
**BT - Immunization Records**  
**SV - Immunization Records**  
**CW - Immunization Records**  
**HW - Immunization Records**  
**MW - Emergency Permission, Immunization Records**  
**JZ - Immunization Records**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**09/25/2024**

Actual  
Completion  
Date:

**09/24/2024**

Status: **Corrected**

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

Corrections To Be Made:

**KJ - Training**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**09/25/2024**

**09/17/2024**

Status: **Corrected**

**Kristi Jerzak**

Provider Signature

**10/18/2024**

Date

**Ambuer Jaacks**

Inspector Signature

**10/18/2024**

Date