

# Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **Imagination Station**

City: **Hartford**

Provider Number: **018039999**

Inspector: **Patrick Waltman**

Date of Inspection: **03/14/2023**

Time of Inspection: **9:20 AM**

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

## B. ENVIRONMENTAL HEALTH

62. Do pets appear in good health (no sign of disease); are pets friendly; are pet immunizations with yearly exams documented? 67:42:11:44

Corrections To Be Made:

**Pet immunization records were not available at the time of the inspection.**

**Pet immunizations with yearly exams must be documented.**

**Correction: the program submitted the pet's current immunization records.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**03/30/2023**

Status: **Corrected**

Actual  
Completion  
Date:

**03/17/2023**

**Kristine Johnson**

Provider Signature

**03/14/2023**

Date

**Patrick Waltman**

Inspector Signature

**03/14/2023**

Date