

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **LEGACY CHILD
DEVELOPMENT CENTER**

City: **Wall**

Provider Number: **016597864**

Inspector: **Lori Janssen**

Date of Inspection: **07/19/2019**

Time of Inspection: **9:12 AM**

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

H. Insurance

42. Does the facility have documentation the program has current liability insurance coverage?
67:42:16:16

<p>Corrections To Be Made:</p> <p>Insurance verification is required prior to the license being issued. Correction: Insurance coverage has been verified.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">09/01/2019</td> <td style="text-align: center;">08/15/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/01/2019	08/15/2019
Suggested Completion Date:	Actual Completion Date:				
09/01/2019	08/15/2019				

Tammara Phillips Hannan

07/19/2019

Lori Janssen

07/19/2019

Provider Signature

Date

Inspector Signature

Date