

# Family Day Care Inspection Compliance Plan

Provider's Name: **CHARLOTTE SHARP**

City: **Martin**

Provider Number: **010611587**

Inspector: **Meredith Schrier**

Date of Inspection: **04/14/2023**

Time of Inspection: **11:52 AM**

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

## B. Record Keeping/Fire Safety & Emergency Weather Drills

30. Does each child's record contain all required information? 67:42:16:13

<p>Corrections To Be Made:</p> <p><b>MR - Immunization Records</b>  <b>CS - Immunization Records</b>  <b>JS - Immunization Records</b>  <b>JS - Immunization Records</b>  <b>BW - Immunization Records</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>05/01/2023</b></td> <td><b>05/04/2023</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>05/01/2023</b>	<b>05/04/2023</b>
Suggested Completion Date:	Actual Completion Date:				
<b>05/01/2023</b>	<b>05/04/2023</b>				

32. Do provider and helper records contain all required information? 67:42:03:07.03

<p>Corrections To Be Made:</p> <p><b>RR - Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement, CPR</b>  <b>RW - Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>05/01/2023</b></td> <td><b>06/16/2023</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>05/01/2023</b>	<b>06/16/2023</b>
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<b>05/01/2023</b>	<b>06/16/2023</b>				

38. Do the helpers have current infant-child CPR certification? 67:42:03:07.02

Corrections To Be Made:

**Helpers were not current in CPR. CPR needs to be current at all times.**

**\*Provider sent in copy of the helper's CPR verification.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**05/01/2023**

Actual  
Completion  
Date:

**06/16/2023**

Status: **Corrected**

**Rylee Rous**

Provider Signature

**04/14/2023**

Date

**Meredith Schrier**

Inspector Signature

**04/14/2023**

Date