

Family Day Care Inspection Compliance Plan

Provider's Name: **Racheal Mohr**

City: **Watertown**

Provider Number: **011517217**

Inspector: **Eric Anderson**

Date of Inspection: **04/24/2023**

Time of Inspection: **9:13 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

Corrections To Be Made:	Agency Action:	
RH - Immunization Records RN - Immunization Records KW - Immunization Records KW - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/15/2023	05/09/2023
	Status: Corrected	

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

Corrections To Be Made:	Agency Action:	
RM - CPR	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	05/15/2023	05/10/2023
	Status: Corrected	

37. Does the provider have a current infant-child CPR certification? 67:42:03:07.02

Corrections To Be Made:

CPR expired 03/31/2023.

Provider must have a current infant-child CPR certification.

Correction: Copy of card received showing provider has completed CPR.

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

05/15/2023

05/10/2023

Status: **Corrected**

Rachael Mohr

Provider Signature

04/24/2023

Date

Eric Anderson

Inspector Signature

04/24/2023

Date