## Family Day Care Inspection Compliance Plan

Provider's Name: Tracy Whittlinger City: Aberdeen Provider Number: 011102299

Inspector: Clint Rux Date of Inspection: 05/24/2018 Time of Inspection: 9:10 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:

**HK - Immunization Records** 

**MK - Immunization Records** 

LW - Enrollment Date, Information Sheet, Emergency Contact, Physician Contact, Emergency Permission

LW - Enrollment Date, Information Sheet, Emergency Contact, Physician

**Contact, Emergency Permission** 

Agency Action:

**Compliance Plan** 

Suggested Completion Date:

Actual Completion Date:

06/24/2018

09/17/2018

Status: Corrected

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

Corrections To Be Made:

NC - Central Registry Check, Sex Offender Registry Check, C A/N Report

Statement, CPR, Training

Agency Action:

**Compliance Plan** 

Suggested Completion Date: Actual Completion Date:

06/10/2018

06/21/2018

Status: Corrected

35. Have all helpers completed orientation training within 90 days of hire? 67:42:03:07.02

|   | Corrections To Be Made:  |                             |                     | Agency Action:                   |                               |
|---|--|-----------------------------|---------------------|----------------------------------|-------------------------------|
|   | Did not have record that training was completed by the helper.                               |                             | Compliance Plan     |                                  |                               |
|   |  | <b>.</b> , ,                | •                   | Suggested<br>Completion<br>Date: | Actual<br>Completion<br>Date: |
|   |  |                             |                     | 06/24/2018                       | 05/31/2018                    |
|   |  |                             |                     | Status: Corrected                |                               |
|   |  |                             |                     |                                  |                               |
| l   |  |                             |                     |                                  |                               |
|   | Have all helpers complete 67:42:03:07.02   | ed six hours of training in | at least three sepe | erate topic areas ir             | the past year?                |
|   | Corrections To Be Made:  |                             |                     | Agency Action:                   |                               |
|   | Did not have documentation for the helper on training.                                       |                             |                     | Compliance Plan                  |                               |
|   |  |                             |                     | Suggested<br>Completion<br>Date: | Actual<br>Completion<br>Date: |
|   |  |                             |                     | 06/24/2018                       | 06/21/2018                    |
|   |  |                             |                     | Status: Corrected                |                               |
|   |  |                             |                     |                                  |                               |
|   |  |                             |                     |                                  |                               |
| 38. Do the helpers have current CPR certification? 67:42:03:07.02 |  |                             |                     |                                  |                               |
|   | Corrections To Be Made:  |                             |                     | Agency Action:                   |                               |
|   | Helper does not have a current CPR certification. The helper is enrolled in a class in June. |                             |                     | Compliance Plan                  |                               |
|   |  |                             |                     | Suggested<br>Completion          | Actual                        |
|   |  |                             |                     | Date:                            | Completion Date:              |
|   |  |                             |                     | 06/24/2018                       | 06/21/2018                    |
|   |  |                             |                     | Status: Corrected                |                               |
|   |  |                             |                     |                                  |                               |
| L   |  |                             |                     |                                  |                               |
| Tracy W   | hittlinger   | 05/24/2018                  | Clint Rux           |                                  | 05/24/2018                    |
| Provider Signature  |  | Date                        | Inspector Signatu   | ure                              | Date                          |