

Family Day Care Inspection Compliance Plan

Provider's Name: **Shirley Bushee**

City: **Sioux Falls**

Provider Number: **018042602**

Inspector: **Dwight Johnson**

Date of Inspection: **05/01/2019**

Time of Inspection: **2:30 PM**

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>EL - Immunization Records DM - Immunization Records AR - Emergency Contact, Emergency Permission, Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="vertical-align: top;">Suggested Completion Date:</td> <td style="vertical-align: top;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">06/01/2019</td> <td style="text-align: center;">06/27/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	06/01/2019	06/27/2019
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06/01/2019	06/27/2019				

D. Health & Safety Features of the Home - Outdoor Environmental Observations

90. Did the Provider obtain orientation training in the topic of child development by 11/30/2018?

<p>Corrections To Be Made:</p> <p>Provider must obtain the required training in Child Development.</p> <p>*Training completed.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="vertical-align: top;">Suggested Completion Date:</td> <td style="vertical-align: top;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">06/01/2019</td> <td style="text-align: center;">06/10/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	06/01/2019	06/10/2019
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Shirlee Bushee

Provider Signature

05/01/2019

Date

Dwight Johnson

Inspector Signature

05/01/2019

Date