

# Family Day Care Inspection Compliance Plan

Provider's Name: **Tracy Burrus**

City: **Rapid City**

Provider Number: **010276905**

Inspector: **Ann Marie Sailer**

Date of Inspection: **03/26/2018**

Time of Inspection: **1:00 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><b>BA - Immunization Records</b><br/> <b>CJ - Immunization Records</b><br/> <b>KJ - Immunization Records</b><br/> <b>KL - Immunization Records</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></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;"><b>04/09/2018</b></td> <td style="text-align: center;"><b>03/29/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>04/09/2018</b> | <b>03/29/2018</b> |
| Suggested Completion Date:   | Actual Completion Date:  |                            |                         |                   |                   |
| <b>04/09/2018</b>  | <b>03/29/2018</b>  |                            |                         |                   |                   |

## C. Health & Safety Features of the Home - Indoor Environmental Observations

56. Is soft bedding that could pose a suffocation hazard removed from the infant sleep environment?  
67:42:03:23

|   |   |                            |                         |                   |                   |
|---|---|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p><b>All blankets must be removed from sleep environment for sleeping - provider corrected at time of inspection.</b></p> | <p>Agency Action:</p> <p><b>Letter of Notification</b></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;"><b>03/26/2018</b></td> <td style="text-align: center;"><b>03/26/2018</b></td> </tr> </table> <p>Status: <b>Corrected Immediately</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>03/26/2018</b> | <b>03/26/2018</b> |
| Suggested Completion Date:  | Actual Completion Date:   |                            |                         |                   |                   |
| <b>03/26/2018</b>   | <b>03/26/2018</b>   |                            |                         |                   |                   |

**Tracy Burrus**

Provider Signature

**03/26/2018**

Date

**Ann Marie Sailer**

Inspector Signature

**03/26/2018**

Date