

Family Day Care Inspection Compliance Plan

Provider's Name: **Chance Alberts**

City: **Belle Fourche**

Provider Number: **015506265**

Inspector: **Andrea Neff**

Date of Inspection: **06/06/2024**

Time of Inspection: **11:07 AM**

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

A. Provider Practices/Maximum Capacity/Care of Children

26. If transporting children, is written permission from each child ' s parent obtained? 67:42:17:45

Corrections To Be Made:	Agency Action:	
Provider did not have written permission from parents to transport children.	Compliance Plan	
Provider will obtain written permission from each parent to transport children.	Suggested Completion Date:	Actual Completion Date:
Correction: Provider had each parent sign a written permission form to transport their child.	06/14/2024	06/07/2024
	Status: Corrected	

Chance Alberts

Provider Signature

06/06/2024

Date

Andrea Neff

Inspector Signature

06/06/2024

Date