

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Truks-N-Trykes 3**

City: **Sioux Falls**

Provider Number: **018042842**

Inspector: **Shannon Terhark**

Date of Inspection: **02/23/2018**

Time of Inspection: **9:30 AM**

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

G. Record Keeping, Posting Information and Fire & Tornado Drills

38. Does the program post in a visible location a copy of the latest Program and Facility Safety Inspections and Child Care Licensing Inspection Summary? And if on a CAP, does the program have a copy of the plan available at request? 67:42:16:17

Corrections To Be Made:	Agency Action:
The latest Inspection Summary needs to be posted,	Compliance Plan
	Suggested Completion Date:
	Actual Completion Date:
	03/23/2017
	03/27/2018
	Status: Corrected

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

<p>Corrections To Be Made:</p> <p>RA - Three References LD - Timely Orientation, CPR SF - Training BF - C A/N Report Statement MJ - Timely Orientation, CPR SJ - Training KK - Central Registry Check, Sex Offender Registry Check, Criminal Record Check, Timely Orientation CL - Timely Orientation, CPR AL - Timely Orientation, CPR AL - C A/N Report Statement, Timely Orientation, CPR EN - Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check ES - Central Registry Check</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="1"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>03/23/2018</td> <td>04/06/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	03/23/2018	04/06/2018
Suggested Completion Date:	Actual Completion Date:				
03/23/2018	04/06/2018				

41. Are children's records complete? 67:42:16:13 Note: children's records are to be maintained at the facility for 6 months following the date care ceases.

<p>Corrections To Be Made:</p> <p>ZB - Immunization Records SD - Immunization Records MF - Emergency Permission, Immunization Records BG - Enrollment Date, Immunization Records TG - Immunization Records LH - Emergency Contact EK - Immunization Records BL - Immunization Records CM - Immunization Records KM - Immunization Records ER - Immunization Records LS - Immunization Records LW - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="1"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>03/23/2018</td> <td>03/27/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	03/23/2018	03/27/2018
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03/23/2018	03/27/2018				

Sarah Johnson
 Provider Signature

02/23/2018
 Date

Shannon Terhark
 Inspector Signature

02/23/2018
 Date