COMPLIANCE PLAN
OFFICE OF LICENSING & ACCREDITATION

South Dakota Department of Social Services

Date Issued	July 21, 2025	Status	Closed
Provider Name	TRUKS-N-TRYKES PLAYCARE		
Provider ID	018042996		
Provider Address	3400 S Centerfield Pl, Sioux Falls, SD 57110, USA		
Provider Contact	Jacob Sievers		

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

Compliance Plan Action #1

Administrative Rule:

67:42:17:15

A child care provider shall maintain a record for each employee that includes:

(1) The employee's name and date of birth;
(2) The dates on which the employee began and ended employment;
(3) Documentation of orientation and ongoing annual training, if the employee provides direct care and supervision of children;
(4) A statement that:

(a) Defines child abuse and neglect;
(b) Sets forth the employee's responsibility to report all incidents of child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8; and
(c) Is signed by the employee; and

(5) The results of the background check.

All records required by this section must be reviewed and updated at least annually by the provider, made available to the department for verification of the contents, and retained by the provider for six months after the employee leaves the program.

Summary of Non-Compliance Finding:

During a complaint investigation conducted by the Office of Licensing & Accreditation on July 17, 2025, , it was determined that the program did not maintain a complete employee record, as documentation of a completed background check was missing. Although the employee was eligible based on previous background screenings, the program did not have the all the required background check results on file at the time of the visit.

Corrections to be Made:

A child care provider shall maintain a record for each employee that includes all items outlined in ARSD 67:42:17:15.

Corrections Made:

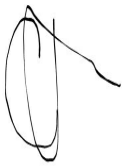
The employee who was missing documentation of their completed background check, is currently on a leave of absence. The program will ensure the employee's record is complete before the employee returns to work.

Anticipated Completion Date:
July 21, 2025

Date Completed:
July 21, 2025

Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.

Carlynn Taylor
Printed Name of Provider/Agency Contact



Signature of Provider/Agency Contact

July 21, 2025
Date

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Brooke Flemmer
Printed Name of DSS Staff

7/21/2025, 7:01:26 AM
Signature of DSS Staff:

July 21, 2025
Date