

# Compliance Monitoring Report Compliance Plan

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

City: **Sioux Falls**

Provider Number: **018042842**

Inspector: **Chandra VanHout** Date of Visit/Report: **09/07/2022**

Time of Visit/Report: **3:00 PM**

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

## Miscellaneous Rule Violations

67:42:16:19 - Supervision.

<p>Issue/Corrections To Be Made:</p> <p><b>The program reported that a child in care was not properly supervised.</b></p> <p><b>Program staff are responsible for the direct care, protection, guidance and supervision of every child in care.</b></p> <p><b>The program submitted a written plan for ensuring supervision is maintained and revised their supervision policy. The updated policy has been reviewed with program staff.</b></p>	<p>Agency Action:</p> <p><b>Letter of Notification</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Suggested Completion Date:</td> <td style="width: 50%; border: none;">Actual Completion Date:</td> </tr> <tr> <td style="border: none;"><b>09/13/2022</b></td> <td style="border: none;"><b>09/13/2022</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/13/2022</b>	<b>09/13/2022</b>
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<b>09/13/2022</b>	<b>09/13/2022</b>				

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Provider Signature

\_\_\_\_\_  
Date

**Chandra VanHout**  
\_\_\_\_\_  
Inspector Signature

**09/13/2022**  
\_\_\_\_\_  
Date