

Program Inspection Compliance Plan

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

City: **Sioux Falls**

Provider Number: **018042842**

Inspector: **Chandra VanHout**

Date of Inspection: **03/11/2024**

Time of Inspection: **8:42 AM**

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

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:

DF - Out Of State

Agency Action:

Compliance Plan

Suggested
Completion
Date:

04/01/2024

Actual
Completion
Date:

03/13/2024

Status: **Corrected**

Missie Schmidt

Provider Signature

03/11/2024

Date

Chandra VanHout

Inspector Signature

03/11/2024

Date