Program Inspection
Compliance Plan

Provider's Name:	**Truks-N-Trykes Nursery Care**	City:	**Sioux Falls**	Provider Number:	**018043012**
Inspector:	**Chandra VanHout**	Date of Inspection:	**11/01/2023**	Time of Inspection:	**9:02 AM**

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

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

35. Does each child ' s record contain all required information? 67:42:17:42

Corrections To Be Made:

CB - Immunization Records
TB - Immunization Records
JC - Immunization Records
MC - Immunization Records
RE - Immunization Records
NF - Immunization Records
EG - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
12/01/2023	**12/01/2023**

Status: **Corrected**

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

Corrections To Be Made:

LB - Out Of State
RD - Level II Complete
CH - Out Of State
AO - Out Of State
AO - Sex Offender Registry Check, FBI Check, NCIC Check
KR - Out Of State
LW - Out Of State

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
12/01/2023	**11/29/2023**

Status: **Corrected**

Darbi Nelson	**11/01/2023**	**Chandra VanHout**	**11/01/2023**
Provider Signature	Date	Inspector Signature	Date