Program Inspection
Compliance Plan

Provider's Name:	**Truks-N-Trykes Prep**	City:	**Sioux Falls**	Provider Number:	**018043062**
Inspector:	**Chandra VanHout**	Date of Inspection:	**11/01/2023**	Time of Inspection:	**11:08 AM**

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

B. Provider Practices

15. Is written consent obtained from each child ' s parent before administering all prescription and non-prescription medication? Does the consent include the child ' s name, name of medication and the dates, times, and dosage of the medication to be administered? 67:42:17:27

Corrections To Be Made:	Agency Action:	
There were two classrooms with medication forms that did not include all the required information. **Written consent shall include the child's name, name of medication and the dates, times, and dosage of the medication to be administered.** **The program submitted written consent including required information.**	**Compliance Plan** Suggested Completion Date: **11/15/2023** Status: **Corrected**	Actual Completion Date: **11/10/2023**

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:	Agency Action:	
CJ - Emergency Permission **AK - Immunization Records** **LL - Emergency Contact**	**Compliance Plan** Suggested Completion Date: **12/01/2023** Status: **Corrected**	Actual Completion Date: **11/10/2023**

Bri McCarty	11/01/2023	Chandra VanHout	11/01/2023
Provider Signature	Date	Inspector Signature	Date