Program Inspection
Compliance Plan

Provider's Name:	**Truks-N-Trykes @ Golden Gateway**	City:	**Sioux Falls**	Provider Number:	**018043066**
Inspector:	**Chandra VanHout**	Date of Inspection:	**02/13/2024**	Time of Inspection:	**11:43 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:	
One child in care did not have written consent to administer medication in the event of an allergic reaction. **Written consent must be obtained from each child's parent before administering medication.** **The program obtained written consent to administer medication.**	**Compliance Plan** Suggested Completion Date: **02/20/2024** Status: **Corrected**	Actual Completion Date: **02/20/2024**

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

33. If a child in care has a known food allergy, does the provider have a written plan which includes instructions regarding food allergens, steps to be taken to avoid the food, and a detailed treatment plan to be implemented if the child has an allergic reaction? 67:42:17:29

Corrections To Be Made:

Two children in care with known food allergies did not have a written plan. One child's written treatment plan included a medication that was not provided to the program.

Children in care with a known food allergy must have a detailed treatment plan to be implemented if the child has an allergic reaction.

The program obtained written treatment plans for the children with allergies.

Agency Action:

Compliance Plan

Suggested Completion Date: **02/20/2023**

Actual Completion Date: **02/20/2024**

Status: **Corrected**

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

Corrections To Be Made:

CB - CPR
MS - DCI Check

Agency Action:

Compliance Plan

Suggested Completion Date: **03/05/2024**

Actual Completion Date: **02/20/2024**

Status: **Corrected**

E. Written Procedures

51. Are all providers and provider assistants knowledgeable on the emergency preparedness and response plan and procedure at the time employment begins? 67:42:17:43

Corrections To Be Made:

Several providers were not aware of the lockdown procedures.

All providers must be knowledgeable on the emergency preparedness and response plan and procedures at the time employment begins.

The program shared the lockdown procedure with all staff and conducted a drill.

Agency Action:

Compliance Plan

Suggested Completion Date: **03/05/2024**

Actual Completion Date: **03/05/2024**

Status: **Corrected**

Aleisa Fritz	02/13/2024	Chandra VanHout	02/13/2024
Provider Signature	Date	Inspector Signature	Date