Program Inspection
Compliance Plan

Provider's Name:	**Truks-N-Trykes @ Copper Creek**	City:	**Sioux Falls**	Provider Number:	**018043226**
Inspector:	**Brooke Flemmer**	Date of Inspection:	**08/23/2024**	Time of Inspection:	**9:43 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:

There was not written consent obtained from a child's parents for a medication to be administered.

Before any medication is administered to a child, written permission from the parent or guardian must be obtained and must include the name of the child, the name of the medication, and the dates, times, and dosage of the medication.

Correction: Written consent was obtained from a child's parent for a medication to be administered.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/06/2024	**08/27/2024**

Status: **Corrected**

19. Are medications returned to the parent when no longer needed or the medication has expired? 67:42:17:27

Corrections To Be Made:

An expired medication was not returned to the parent.

A medication must be returned to the parent when no longer needed or expired.

Correction: All expired medication was returned to the parents.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/06/2024	**08/27/2024**

Status: **Corrected**

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:	
SP - Immunization Records	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	09/06/2024	**08/27/2024**
	Status: **Corrected**	

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

Corrections To Be Made:	Agency Action:	
AL - Out Of State **GS - C A/N Report Statement** **JW - C A/N Report Statement**	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	09/06/2024	**10/03/2024**
	Status: **Corrected**	

Gerilyne Phaisaly	**08/27/2024**	**Brooke Flemmer**	**08/27/2024**
Provider Signature	Date	Inspector Signature	Date