

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Winner's Club**

City: **Winner**

Provider Number: **010605443**

Inspector: **Deb Bigge**

Date of Inspection: **11/12/2019**

Time of Inspection: **4:03 PM**

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

A. Program Activities, Schedule, Equipment and Supplies

2. Are activity plans in writing and posted in the facility? 67:42:14:15

Corrections To Be Made:

Activity plans need to be posted.

***Plans were posted at the program.**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

12/12/2019

Actual
Completion
Date:

01/03/2020

Status: **Corrected**

G. Record Keeping, Posting Information, Fire/Tornado Drills

31. Is the program Certificate of License posted in a visible location? 26-6-13

Corrections To Be Made:

Program license needs to be posted.

***License was posted at the program.**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

12/12/2019

Actual
Completion
Date:

01/03/2020

Status: **Corrected**

33. Does the program have documentation 4 fire drills and 1 tornado drill were conducted in the past year?
67:42:14:28

Corrections To Be Made:	Agency Action:	
Dates of four fire and one tornado drill completed in the past year are needed.	Compliance Plan	
*Record of drills completed in past year was received.	Suggested Completion Date:	Actual Completion Date:
	12/12/2019	01/10/2020
	Status: Corrected	

34. Do staff records contain all required information? 67:42:14:23 Note: staff records are to be maintained for 6 months following the end of employment.

Corrections To Be Made:	Agency Action:	
RH - Address & Phone Number, Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check	Corrective Action Plan	
BK - Central Registry Check, Sex Offender Registry Check, Criminal Record Check	Suggested Completion Date:	Actual Completion Date:
MM - Three References, CPR, Training	12/12/2019	02/04/2020
TS - CPR, Training	Status: Corrected	

37. Do child records contain all required information? 67:42:16:13 Note: child records are to be retained for 6 months after the care of the child ceases.

Corrections To Be Made:	Agency Action:	
CM - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission	Compliance Plan	
EM - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission	Suggested Completion Date:	Actual Completion Date:
DS - Emergency Permission	12/12/2019	01/09/2020
AT - Emergency Permission	Status: Corrected	
GT - Emergency Permission		

H. Insurance

39. Does the facility have documentation the program has current liability insurance coverage?
67:42:16:16

Corrections To Be Made:	Agency Action:	
A current certificate of liability insurance is needed.	Compliance Plan	
*A current certificate of liability insurance was received.	Suggested Completion Date:	Actual Completion Date:
	12/12/2019	01/09/2020
	Status: Corrected	

J. Written Program Policies

53. Is there written policies related to steps to be followed if a child fails to arrive at the center?
67:42:14:16

Corrections To Be Made:	Agency Action:	
Written policy is needed for procedure to be followed if child does not arrive at program as planned.	Compliance Plan	
*Policy was added to program policies/handbook.	Suggested Completion Date:	Actual Completion Date:
	12/12/2019	01/10/2020
	Status: Corrected	

59. Is there written polices related to proof that immunization levels of all children are current? 67:42:14:16

<p>Corrections To Be Made:</p> <p>Policy is needed regarding proof of current immunizations.</p> <p>*Policy was added to program policies/handbook.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <p>Suggested Completion Date:</p> <p>12/12/2019</p> <p>Status: Corrected</p>	<p>Actual Completion Date:</p> <p>01/10/2020</p>
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61. Is there written policies related to notification to the Department of Health if a child contracts a communicable disease? Note: The program shall follow the Department of Health's recommendations for addressing a situation involving a communicable disease.

<p>Corrections To Be Made:</p> <p>Policy is needed regarding reporting of communicable diseases.</p> <p>*Policy was added to program policies/handbook.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <p>Suggested Completion Date:</p> <p>12/12/2019</p> <p>Status: Corrected</p>	<p>Actual Completion Date:</p> <p>01/10/2020</p>
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Tammy Sund

 Provider Signature

11/12/2019

 Date

Deb Bigge

 Inspector Signature

11/12/2019

 Date