Program Inspection Before & After School Center Compliance Plan

Provider's Name: Boys & Girls Club of Grand City: McLaughlin Provider Number: 010608470

River

Inspector: McKenzie Date of Inspection: 02/19/2020 Time of Inspection: 3:46 PM

Hyronimus

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: Agency Action:

Activity plans needed to be in writing and posted in the facility.

Compliance Plan

CORRECTION: Provider submitted verification of activity plans.

Suggested Completion Completion

Date: Complete

03/19/2020 03/19/2020

Status: Corrected

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

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:

There were 2 fire drills and 1 tornado drill conducted in the past year. Four fire drills need to be completed each year. The provider is aware of this requirement.

Compliance Plan

CORRECTION: Provider is aware of this requirement.

Suggested Actual
Completion Completion
Date: Date:

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02/19/2020 02/19/2020

Status: Corrected Immediately

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:

Compliance Plan

SB - Timely Orientation, Training
TE - C A/N Report Statement, Timely Orientation

Suggested

Actual Completion

NO - Address & Phone Number, Three References, Criminal Record Check, C A/N Report Statement

CS - Three References, Timely Orientation, CPR, Training

Completion Date:

Date:

TW - Address & Phone Number, Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report

03/19/2020

07/13/2020

Statement, Timely Orientation, 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:

AD - Emergency Contact VF - Emergency Contact

Compliance Plan

Suggested Completion Date: Actual Completion Date:

02/26/2020

03/19/2020

Status: Corrected

I. Written Procedures

42. Does the program have a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication and reunification with families; continuity of operations, children with disabilities and children with chronic medical conditions? 67:42:14:16

Corrections To Be Made: Agency Action:

A written emergency preparedness and response plan needs to be created. Co

CORRECTION: Provider submitted verification of a written emergency preparedness and response plan.

Compliance Plan

Suggested Completion Date:

Actual Completion Date:

03/04/2020

03/19/2020

Status: Corrected

J. Written Program Policies

56. Is there written policies related to an emergency preparedness and response plan? 67:42:14:16

Corrections To Be Made: Agency Action:

A written emergency preparedness and response plan policy needs to be added to the handbook.

CORRECTION: Provider submitted verification of a written emergency preparedness and response plan policy.

Compliance Plan

Suggested Completion Date:

Actual Completion Date:

03/19/2020 03/19/2020

Status: Corrected Immediately

58. Is there written policies related to handling and storage of hazardous materials and the disposal of bio contaminants? 67:42:14:16

	Corrections To Be Made:			Agency Action:				
	A written policy for hazardo added to the handbook. CORRECTION: Provider sul hazardous material and bio	bmitted verification of a writ		Suggest Comple Date:	tion	Actual Completion Date: 03/19/2020		
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.							
	Corrections To Be Made:			Agency Action:				
	A wirrten policy to report to the Department of Health needs to be created.				Compliance Plan			
	CORRECTION: Provider submitted verification of a written policy to report to the Department of Health.			Suggested Completion Date:		Actual Completion Date:		
				03/19/2	020	03/19/2020		
				Status:	Corrected			
Marcella	a Yellow Hammer	02/19/2020	McKenzie Hyror	nimus		02/19/2020		
Provider Signature		Date	Inspector Signatu	ıre		Date		