

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Oahe YMCA**

City: **Pierre**

Provider Number: **015500848**

Inspector: **McKenzie
Hyronimus**

Date of Inspection: **09/10/2020**

Time of Inspection: **3:08 PM**

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

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

<p>Corrections To Be Made:</p> <p>The program needs documentation of 4 fire drills and 1 tornado in the past year. The program completed two fire drills and one tornado drill. The program will complete one fire drill.</p> <p>CORRECTION: Program completed one fire drill.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">10/10/2020</td> <td style="text-align: center;">09/22/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/10/2020	09/22/2020
Suggested Completion Date:	Actual Completion Date:				
10/10/2020	09/22/2020				

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.

<p>Corrections To Be Made:</p> <p>LB - CPR AB - Address & Phone Number, Three References, C A/N Report Statement NH - Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement AH - Criminal Record Check MM - Three References, C A/N Report Statement LM - CPR AM - Timely Orientation, CPR, Training BU - Three References, Timely Orientation, CPR, Training</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">10/10/2020</td> <td style="text-align: center;">10/09/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/10/2020	10/09/2020
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10/10/2020	10/09/2020				

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:	
The program does not have documentation of current liability insurance coverage.	Compliance Plan	
CORRECTION: Provider submitted verification.	Suggested Completion Date:	Actual Completion Date:
	10/10/2020	09/28/2020
	Status: Corrected	

40. If the program transports children, does the facility have documentation that each vehicle used for transporting children has current liability insurance that covers the children being transported?
67:42:16:16

Corrections To Be Made:	Agency Action:	
The program does not have documentation of current liability insurance for transportation.	Compliance Plan	
CORRECTION: Provider submitted verification.	Suggested Completion Date:	Actual Completion Date:
	10/10/2020	09/28/2020
	Status: Corrected	

Lisa Maunu

Provider Signature

09/10/2020

Date

McKenzie Hyronimus

Inspector Signature

09/10/2020

Date