

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **YMCA Youth Performance Center**

City: **Sioux Falls**

Provider Number: **018042829**

Inspector: **Rita Trager**

Date of Inspection: **11/16/2018**

Time of Inspection: **2:42 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

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><b>AD - Training</b>  <b>SK - Timely Orientation, Training</b>  <b>DS - Training</b>  <b>BT - Training</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>11/30/2018</b></td> <td style="text-align: center;"><b>12/03/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>11/30/2018</b>	<b>12/03/2018</b>
Suggested Completion Date:	Actual Completion Date:				
<b>11/30/2018</b>	<b>12/03/2018</b>				

## H. Insurance

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

<p>Corrections To Be Made:</p> <p><b>*Documentation of current insurance to be provided.</b>  <b>*documentation received on 12/03/18.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>11/30/2018</b></td> <td><b>12/03/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>11/30/2018</b>	<b>12/03/2018</b>
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<b>11/30/2018</b>	<b>12/03/2018</b>				

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

<p>Corrections To Be Made:</p> <p><b>*Documentation of current insurance to be provided.</b>  <b>*documentation received on 12/03/18.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>11/30/2018</b></td> <td><b>12/03/2018</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>11/30/2018</b>	<b>12/03/2018</b>
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**Bobbi Tellinghuisen**  
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Provider Signature

**11/16/2018**  
\_\_\_\_\_  
Date

**Rita Trager**  
\_\_\_\_\_  
Inspector Signature

**11/16/2018**  
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Date