

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Volunteers of America Youth Center**

City: **Sioux Falls**

Provider Number: **010606010**

Inspector: **Shannon Terhark**

Date of Inspection: **07/15/2020**

Time of Inspection: **11:48 AM**

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:

**The daily activity plans are needed in all rooms.**

**\*\*\*Activity plans are completed for all classrooms.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**07/21/2020**

**07/21/2020**

Status: **Corrected**

6. Does the schedule appear to be appropriate to the interests of school children? 67:42:14:15

Corrections To Be Made:

**A daily schedule is needed in the classrooms.**

**\*\*\*A daily schedule is posted in each classroom.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**07/21/2020**

**07/21/2020**

Status: **Corrected**

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

32. Does the facility have posted in a visible location a copy of the facility's latest Program \ul and\ulnone Facility Safety inspection? And if on a CAP, does facility have a copy of the plan available upon request? 67:42:16:17

|  |                            |                         |
|--|----------------------------|-------------------------|
| Corrections To Be Made:  | Agency Action:             |                         |
| <b>The 2019 Facility Safety Inspection needs to be posted.</b>             | <b>Compliance Plan</b>     |                         |
| <b>***The current Facility Safety Inspection is posted in the program.</b> | Suggested Completion Date: | Actual Completion Date: |
|  | <b>07/21/2020</b>          | <b>07/21/2020</b>       |
|  | Status: <b>Corrected</b>   |                         |

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:             |                         |
| <b>IC - CPR<br/>PK - CPR<br/>BM - CPR<br/>AN - CPR<br/>KR - Timely Orientation, CPR<br/>TS - CPR<br/>CW - CPR</b> | <b>Compliance Plan</b>     |                         |
|   | Suggested Completion Date: | Actual Completion Date: |
|   | <b>08/15/2020</b>          | <b>09/03/2020</b>       |
|   | Status: <b>Corrected</b>   |                         |

Cassidy Wright  
Provider Signature

07/15/2020  
Date

Shannon Terhark  
Inspector Signature

07/15/2020  
Date