

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Baltic Y-Club**

City: **Baltic**

Provider Number: **018042979**

Inspector: **Denise Ferguson**

Date of Inspection: **09/24/2020**

Time of Inspection: **3:34 PM**

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

B. Program Practices

8. Do staff ensure children are given direct care, protection, supervision, and guidance through active involvement or direct supervision? 67:42:16:19

<p>Corrections To Be Made:</p> <p>During the inspection a child wandered away from the commons room to the playground.</p> <p>During the inspection the children transitioned back to the classroom to get a game before going back to the commons room. The children left the classroom and went to the commons room without adult supervision.</p> <p>*All children must be accounted for and properly supervised at all times. Appropriate supervision techniques were discussed.</p>	<p>Agency Action:</p> <p>Compliance Plan</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;">09/24/2020</td> <td style="text-align: center;">09/24/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/24/2020	09/24/2020
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09/24/2020	09/24/2020				

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:	
Documentation of the fire and tornado drills could not be located at the time of the inspection. Please send drills to CC Licensing once obtained.	Compliance Plan	
*Documentation received.	Suggested Completion Date:	Actual Completion Date:
	10/24/2020	10/27/2020
	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:	
KM - Timely Orientation	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	10/24/2020	10/05/2020
	Status: Corrected	

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:	
Certificate of Liability needed for the current liability insurance coverage.	Compliance Plan	
*Documentation received.	Suggested Completion Date:	Actual Completion Date:
	10/24/2020	10/27/2020
	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

<p>Corrections To Be Made:</p> <p>Documentation of the Emergency Preparedness & Response Plan could not be located at the time of the inspection. Please send plan to CC Licensing once obtained.</p> <p>*Documentation received.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>10/24/2020</td> <td>10/27/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/24/2020	10/27/2020
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10/24/2020	10/27/2020				

Kara Morris

Provider Signature

09/24/2020

Date

Denise Ferguson

Inspector Signature

09/24/2020

Date