Provider required to post this report.

Program Inspection
Compliance Plan

Provider's Name: **McCook Central After School Program** City: **Salem** Provider Number: **014512636**

Inspector: **Deb Bigge** Date of Inspection: **12/10/2024** Time of Inspection: **3:47 PM**

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

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

35. Does each child's record contain all required information? 67:42:17:42

Corrections To Be Made:
TO - Emergency Permission

Agency Action:
Compliance Plan

Suggested Completion Date:	Actual Completion Date:
01/15/2025	**03/26/2025**

Status: **Corrected**

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:
JB - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, Out Of State, C A/N Report Statement, Orientation Complete
AE - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement, Orientation Complete
MM - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement, Orientation Complete
MP - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement, Orientation Complete
AP - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement, Orientation Complete
AT - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement, Orientation Complete
ET - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report Statement, Orientation Complete

Agency Action:
Compliance Plan

Suggested Completion Date:	Actual Completion Date:
01/15/2025	**11/10/2025**

Status: **Corrected**

E. Written Procedures

50. Is there 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 & reunification with families; continuity of operations; and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions? 67:42:17:43

Corrections To Be Made:

Verification of an emergency preparedness and response plan is needed.

The program must have an emergency preparedness and response plan that includes all required information.

Verification of a completed plan was received.

Agency Action:
Compliance Plan

Suggested Completion Date:	Actual Completion Date:
01/15/2025	**03/28/2025**

Status: **Corrected**

51. Are all providers and provider assistants knowledgeable on the emergency preparedness and response plan and procedure at the time employment begins? 67:42:17:43

Corrections To Be Made:

Providers and provider assistants have not received training on the emergency preparedness and response plan.

All providers and provider assistants need to complete training on the emergency preparedness and response plan.

Verification of completed training was received.

Agency Action:
Compliance Plan

Suggested Completion Date:	Actual Completion Date:
01/15/2025	**05/09/2025**

Status: **Corrected**

F. Insurance

52. Does the program have proof of current liability insurance? 67:42:17:43

Corrections To Be Made:

Verification of current liability insurance was not available at the time of inspection.

A certificate of liability insurance for the school's coverage is needed.

Verification of current insurance coverage was received.

Agency Action:
Compliance Plan

Suggested Completion Date:	Actual Completion Date:
01/15/2025	**03/31/2025**

Status: **Corrected**

Provider Signature

Masey Pechholt
Name

12/10/2024
Date

Inspector Signature

Deb Bigge
Name

12/10/2024
Date