

Program Inspection Compliance Plan

Provider's Name: **Boys & Girls Club of Grand River**

City: **McLaughlin**

Provider Number: **010608470**

Inspector: **Julie Hermansen**

Date of Inspection: **10/04/2023**

Time of Inspection: **4:18 PM**

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

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

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

Corrections To Be Made:

**MC - CPR
JS - C A/N Report Statement, Orientation Complete, CPR**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

10/25/2023

Actual
Completion
Date:

11/28/2023

Status: **Corrected**

Marcella Yellow Hammer

Provider Signature

10/04/2023

Date

Julie Hermansen

Inspector Signature

10/04/2023

Date