

# Program Inspection Compliance Plan

Provider's Name: **Boys & Girls Club of the Capital Area** City: **Pierre**

Provider Number: **014512557**

Inspector: **Sarah Deakins**

Date of Inspection: **11/01/2023**

Time of Inspection: **5:18 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:

CA - DCI Check, C A/N Report Statement  
GB - C A/N Report Statement  
TB - DCI Check  
AB - DCI Check, CPR  
AB - C A/N Report Statement  
FB - C A/N Report Statement  
SB - CPR, Training  
EB - Address & Phone Number, C A/N Report Statement  
JC - C A/N Report Statement  
EC - Address & Phone Number, Central Registry Check, Sex Offender  
Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report  
Statement  
CF - C A/N Report Statement  
JG - Address & Phone Number, Central Registry Check, Sex Offender  
Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report  
Statement  
JH - C A/N Report Statement  
AH - DCI Check, C A/N Report Statement, CPR  
LH - C A/N Report Statement  
NK - C A/N Report Statement  
KK - C A/N Report Statement  
RL - C A/N Report Statement  
CL - C A/N Report Statement, Orientation Complete, Training  
KL - C A/N Report Statement  
JM - DCI Check, CPR  
JM - C A/N Report Statement  
DN - Address & Phone Number, Central Registry Check, Sex Offender  
Registry Check, FBI Check, DCI Check, NCIC Check, C A/N Report  
Statement  
CO - C A/N Report Statement, CPR  
OO - DCI Check, C A/N Report Statement  
SP - C A/N Report Statement  
KR - C A/N Report Statement  
CR - C A/N Report Statement, CPR  
CR - C A/N Report Statement  
ES - C A/N Report Statement, CPR  
PS - C A/N Report Statement  
BS - CPR, Training  
JS - C A/N Report Statement  
HS - C A/N Report Statement  
KS - C A/N Report Statement  
ST - CPR  
MV - Training

Agency Action:

**Compliance Plan**

Suggested Completion Date:	Actual Completion Date:
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12/13/2023	01/04/2024
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Status: **Corrected**

## F. Insurance

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

Corrections To Be Made:

**The liability insurance on file has expired.**

**The program will have a proof of current liability insurance available at inspection.**

**Verification of the programs current liability insurance has been received.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**12/13/2023**

Actual  
Completion  
Date:

**01/04/2024**

Status: **Corrected**

**Becky Spoehr**

Provider Signature

**01/08/2024**

Date

**Sarah Deakins**

Inspector Signature

**01/08/2024**

Date