

# Program Inspection Compliance Plan

Provider's Name: **Dupree YMCA Childcare**

City: **Dupree**

Provider Number: **014512584**

Inspector: **Andrea Neff**

Date of Inspection: **04/29/2024**

Time of Inspection: **1:51 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

34. Does the provider have documentation showing two fire evacuation drills, two shelter-in-place drills, and two lockdown drills conducted in the past calendar year? 67:42:17:43

Corrections To Be Made:	Agency Action:	
<b>Provider did not have documentation showing the required emergency preparedness drills for 2023.</b>	<b>Compliance Plan</b>	
<b>Provider will need to submit documentation showing the required emergency preparedness drills containing: two fire drills, two shelter-in-place drills and two lockdown drills have been completed.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Correction: Provider submitted documentation showing the required emergency preparedness drills for 2023.</b>	<b>05/20/2024</b>	<b>05/13/2024</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:	Agency Action:	
<b>AOHKIW - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>05/20/2024</b>	<b>05/13/2024</b>
	Status: <b>Corrected</b>	

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

<p>Corrections To Be Made:</p> <p><b>CF - CPR, Training</b>  <b>CF - CPR, Training</b>  <b>KH - Training</b>  <b>HH - CPR</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <p>Suggested Completion Date: <b>05/20/2024</b></p> <p>Actual Completion Date: <b>06/11/2024</b></p> <p>Status: <b>Corrected</b></p>
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**F. Insurance**

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

<p>Corrections To Be Made:</p> <p><b>Current proof of liability insurance was not available at the time of the inspection.</b></p> <p><b>Provider will need to submit a current copy of liability insurance.</b></p> <p><b>Correction: Provider submitted a current copy of liability insurance.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <p>Suggested Completion Date: <b>05/20/2024</b></p> <p>Actual Completion Date: <b>05/20/2024</b></p> <p>Status: <b>Corrected</b></p>
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Kimberly Turney  
 Provider Signature

04/29/2024  
 Date

Andrea Neff  
 Inspector Signature

04/29/2024  
 Date