

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **White Lake Afterschool Program**

City: **White Lake**

Provider Number: **014510712**

Inspector: **Deb Bigge**

Date of Inspection: **10/02/2019**

Time of Inspection: **3:55 PM**

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

G. Record Keeping, Posting Information, Fire/Tornado Drills

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.

<p>Corrections To Be Made:</p> <p>TG - Address & Phone Number, Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement</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;">11/02/2019</td> <td style="text-align: center;">11/20/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/02/2019	11/20/2019
Suggested Completion Date:	Actual Completion Date:				
11/02/2019	11/20/2019				

Lindsay Hoffman

10/02/2019

Provider Signature

Date

Deb Bigge

10/02/2019

Inspector Signature

Date