

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: **09/16/2020**

Time of Inspection: **3:53 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 - CPR, Training</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">10/16/2020</td> <td style="text-align: center;">11/04/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/16/2020	11/04/2020
Suggested Completion Date:	Actual Completion Date:				
10/16/2020	11/04/2020				

Lindsay Hoffman
Provider Signature

09/16/2020
Date

Deb Bigge
Inspector Signature

09/17/2020
Date