

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **WASP- Wall After School Program**

City: **Wall**

Provider Number: **016598670**

Inspector: **Lori Janssen**

Date of Inspection: **06/11/2018**

Time of Inspection: **2:04 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>RM - Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement, Timely Orientation, CPR</p> <p>EM - Central Registry Check, Sex Offender Registry Check, Criminal Record Check</p> <p>TR - Timely Orientation, CPR</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;">06/25/2018</td> <td style="text-align: center;">07/03/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	06/25/2018	07/03/2018
Suggested Completion Date:	Actual Completion Date:				
06/25/2018	07/03/2018				

Brandy Kammerer

Provider Signature

06/11/2018

Date

Lori Janssen

Inspector Signature

06/11/2018

Date