

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Madison Community Center
OST**

City: **Madison**

Provider Number: **018042122**

Inspector: **Rachel Holm**

Date of Inspection: **01/09/2019**

Time of Inspection: **9:33 AM**

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> <ul style="list-style-type: none"> KD - Criminal Record Check NF - Address & Phone Number, Three References, Criminal Record Check DF - Timely Orientation BG - Criminal Record Check MG - Criminal Record Check AJ - Criminal Record Check KM - Criminal Record Check RO - Criminal Record Check, Timely Orientation CP - Criminal Record Check HS - Criminal Record Check, Timely Orientation RS - Timely Orientation GW - Three References, Sex Offender Registry Check, Criminal Record Check 	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Suggested Completion Date:</th> <th style="text-align: left;">Actual Completion Date:</th> </tr> </thead> <tbody> <tr> <td style="padding-left: 20px;">02/09/2019</td> <td style="padding-left: 20px;">02/08/2019</td> </tr> <tr> <td colspan="2" style="padding-top: 10px;">Status: Corrected</td> </tr> </tbody> </table>	Suggested Completion Date:	Actual Completion Date:	02/09/2019	02/08/2019	Status: Corrected	
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02/09/2019	02/08/2019						
Status: Corrected							

Victoria Heinrichs

01/25/2019

Rachel Holm

01/25/2019

Provider Signature

Date

Inspector Signature

Date