

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Madison After School Care** City: **Madison** Provider Number: **018042168**
 Inspector: **Rachel Holm** Date of Inspection: **06/21/2018** Time of Inspection: **8:49 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.

Corrections To Be Made: VH - CPR, Training	Agency Action: Compliance Plan <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;">07/16/2018</td> <td style="text-align: center;">07/09/2018</td> </tr> </table> Status: Corrected	Suggested Completion Date:	Actual Completion Date:	07/16/2018	07/09/2018
Suggested Completion Date:	Actual Completion Date:				
07/16/2018	07/09/2018				

Kindra Wiese

 Provider Signature

06/25/2018

 Date

Rachel Holm

 Inspector Signature

06/25/2018

 Date