

**Facility Safety Inspection  
Fire & Life Safety / Environmental Health  
Before & After School Center - School Location  
Compliance Plan**

Provider's Name: **Alcester-Hudson After School Program**

City: **Alcester**

Provider Number: **018042826**

Inspector: **Stacy Wildermuth**

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

Time of Inspection: **11:15 AM**

**Provider was found to be in full compliance**

**Amanda**

\_\_\_\_\_  
Provider Signature

**06/06/2018**

\_\_\_\_\_  
Date

**Stacy Wildermuth**

\_\_\_\_\_  
Inspector Signature

**06/06/2018**

\_\_\_\_\_  
Date