

Program Inspection Before & After School Center Compliance Plan

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

City: **Alcester**

Provider Number: **018042826**

Inspector: **Shannon Terhark**

Date of Inspection: **07/24/2019**

Time of Inspection: **9:00 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

E. Nutrition, Snack and Meal Planning

26. If the center prepares meals, are weekly menus posted? 67:42:14:21

Corrections To Be Made:

A weekly snack menu needs to be posted.

*****The weekly snack menu is posted.**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

08/24/2019

Actual
Completion
Date:

08/19/2019

Status: **Corrected**

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>JD - Three References, Timely Orientation, CPR, Training AH - Training AH - Three References, Timely Orientation MK - Training ML - Timely Orientation, Training BS - Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement AS - Training HS - C A/N Report Statement, Training CV - Training AW - Training</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>08/24/2019</td> <td>09/05/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	08/24/2019	09/05/2019
Suggested Completion Date:	Actual Completion Date:				
08/24/2019	09/05/2019				

H. Insurance

39. Does the facility have documentation the program has current liability insurance coverage?
67:42:16:16

<p>Corrections To Be Made:</p> <p>Current liability insurance is needed.</p> <p>***The current liability insurance has been received for the program.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>08/24/2019</td> <td>08/26/2019</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	08/24/2019	08/26/2019
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08/24/2019	08/26/2019				

Cassie VanKekerix

Provider Signature

07/24/2019

Date

Shannon Terhark

Inspector Signature

07/24/2019

Date