Program Inspection
Compliance Plan

Provider's Name:	**Whitewood Elementary Afterschool Program**	City:	**Whitewood**	Provider Number:	**016597750**
Inspector:	**Tina Uecker**	Date of Inspection:	**10/01/2024**	Time of Inspection:	**11:00 AM**

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

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:

BP - FBI Check, DCI Check, NCIC Check, Orientation Complete, CPR

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
10/01/2024	**03/24/2025**

Status: **Corrected**

Provider Signature

Brittan Porterfield — Name

03/26/2025 — Date

Inspector Signature

Tina Uecker — Name

03/26/2025 — Date