

Program Inspection Compliance Plan

Provider's Name: **White Lake Community Daycare**

City: **White Lake**

Provider Number: **014511889**

Inspector: **Sarah Deakins**

Date of Inspection: **03/04/2024**

Time of Inspection: **2:05 PM**

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

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

35. Does each child ' s record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:	
BD - Immunization Records JH - Immunization Records JH - Immunization Records RT - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	03/22/2024	03/08/2024
	Status: Corrected	

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

Corrections To Be Made:	Agency Action:	
DD - Training AF - Sex Offender Registry Check, C A/N Report Statement, CPR DS - CPR IS - Training	Corrective Action Plan	
	Suggested Completion Date:	Actual Completion Date:
	06/04/2024	05/15/2024
	Status: Corrected	

F. Insurance

52. Does the program have proof of current liability insurance? 67:42:17:43

Corrections To Be Made:	Agency Action:	
At the time of the inspection, there was no proof of current liability insurance.	Compliance Plan	
The program will have a copy of their current liability insurance available.	Suggested Completion Date:	Actual Completion Date:
Verification of current liability insurance has been received.	03/22/2024	05/08/2024
	Status: Corrected	

Dena Delange

Provider Signature

03/04/2024

Date

Sarah Deakins

Inspector Signature

03/04/2024

Date