Program Inspection
Compliance Plan

Provider's Name:	**Gregory Afterschool Program**	City:	**Gregory**	Provider Number:	**014512623**
Inspector:	**Sarah Deakins**	Date of Inspection:	**08/23/2024**	Time of Inspection:	**2:40 PM**

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

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

Corrections To Be Made:	Agency Action:	
RK - Emergency Contact	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	08/30/2024	**08/27/2024**
	Status: **Corrected**	

Katie Kalenda	**08/26/2024**	**Sarah Deakins**	**08/26/2024**
Provider Signature	Date	Inspector Signature	Date