Program Inspection
Compliance Plan

Provider's Name:	**WASP - Wall After School Program**	City:	**Wall**	Provider Number:	**016598670**
Inspector:	**Andrea Neff**	Date of Inspection:	**10/17/2023**	Time of Inspection:	**2:45 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:	
BS - Emergency Contact, Emergency Permission	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	11/03/2023	**10/24/2023**
	Status: **Corrected**	

Jennifer Johnson	**10/20/2023**	**Andrea Neff**	**10/20/2023**
Provider Signature	Date	Inspector Signature	Date