

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Parker Learning Center**

City: **Parker**

Provider Number: **010600177**

Inspector: **Denise Ferguson**

Date of Inspection: **10/05/2018**

Time of Inspection: **8:21 AM**

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

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>KB - Training JI - Three References, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement LJ - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement, CPR, Training JO - Criminal Record Check, Training WW - Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="0"> <tr> <td style="padding-right: 20px;">Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td style="padding-right: 20px;">11/05/2018</td> <td>11/19/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/05/2018	11/19/2018
Suggested Completion Date:	Actual Completion Date:				
11/05/2018	11/19/2018				

Rhonda Ross

Provider Signature

10/05/2018

Date

Denise Ferguson

Inspector Signature

10/05/2018

Date