

# 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: **08/22/2019**

Time of Inspection: **3:47 PM**

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

## A. Program Activities, Schedule, Equipment and Supplies

2. Are activity plans in writing and posted in the facility? 67:42:14:15

Corrections To Be Made:

**Activity plans are needed for the current week.**

**\*Activity plans are created and posted.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**09/22/2019**

Actual  
Completion  
Date:

**09/20/2019**

Status: **Corrected**

## 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><b>BC - Address &amp; Phone Number, Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement</b></p> <p><b>AC - Address &amp; Phone Number, Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check</b></p> <p><b>PD - Criminal Record Check</b></p> <p><b>KD - Timely Orientation</b></p> <p><b>MG - Address &amp; Phone Number, Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement</b></p> <p><b>JI - Timely Orientation, CPR, Training</b></p> <p><b>DM - Address &amp; Phone Number, Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement, Timely Orientation, CPR, Training</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <p>Suggested Completion Date:</p> <p><b>09/22/2019</b></p> <p>Status: <b>Corrected</b></p>	<p>Actual Completion Date:</p> <p><b>10/22/2019</b></p>
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35. Does the individual responsible for program planning and implementation as well as staff supervision meet the requirements?

<p>Corrections To Be Made:</p> <p><b>Director does not meet the qualifications as outlined in rule. The plan is for Director to complete the OST Credential through the State of South Dakota.</b></p> <p><b>*A staff member has been hired that meets the qualifications of the Program Planner.</b></p>	<p>Agency Action:</p> <p><b>Letter of Notification</b></p> <p>Suggested Completion Date:</p> <p><b>10/31/2020</b></p> <p>Status: <b>Corrected</b></p>	<p>Actual Completion Date:</p> <p><b>10/14/2020</b></p>
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**H. Insurance**

39. Does the facility have documentation the program has current liability insurance coverage?  
67:42:16:16

Corrections To Be Made:	Agency Action:	
<b>Current liability insurance documentation needed.</b>	<b>Compliance Plan</b>	
<b>*Liability insurance documentation received.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>09/22/2019</b>	<b>09/09/2019</b>
	Status: <b>Corrected</b>	

40. If the program transports children, does the facility have documentation that each vehicle used for transporting children has current liability insurance that covers the children being transported?  
67:42:16:16

Corrections To Be Made:	Agency Action:	
<b>Current vehicle liability insurance documentation needed.</b>	<b>Compliance Plan</b>	
<b>*Vehicle liability insurance documentation received.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>09/22/2019</b>	<b>09/09/2019</b>
	Status: <b>Corrected</b>	

**Angela Cuka**  
\_\_\_\_\_  
Provider Signature

**08/22/2019**  
\_\_\_\_\_  
Date

**Denise Ferguson**  
\_\_\_\_\_  
Inspector Signature

**08/22/2019**  
\_\_\_\_\_  
Date