

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **T.A.S.K. Venture**

City: **Tea**

Provider Number: **018042972**

Inspector: **Rita Trager**

Date of Inspection: **08/19/2019**

Time of Inspection: **7:46 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> <ul style="list-style-type: none"> DB - Training DF - C A/N Report Statement KH - Training NH - Three References, C A/N Report Statement JH - Three References, C A/N Report Statement AJ - Training BK - Training AL - Three References, C A/N Report Statement, Timely Orientation, CPR, Training SL - Three References, C A/N Report Statement DM - Training AP - Three References FT - Training 	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Suggested Completion Date:</th> <th style="text-align: left;">Actual Completion Date:</th> </tr> </thead> <tbody> <tr> <td style="padding-left: 20px;">08/30/2019</td> <td style="padding-left: 20px;">09/06/2019</td> </tr> </tbody> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	08/30/2019	09/06/2019
Suggested Completion Date:	Actual Completion Date:				
08/30/2019	09/06/2019				

H. Insurance

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

Corrections To Be Made:

**Documentation of liability insurance to be provided.
*Documentation received on 08/28/19**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

08/30/2019

08/28/2019

Status: **Corrected**

Vickie Barbeau

Provider Signature

08/26/2019

Date

Rita Trager

Inspector Signature

08/26/2019

Date