Program Inspection
Compliance Plan

Provider's Name:	**Allen Learning Center**	City:	**Allen**	Provider Number:	**010606888**
Inspector:	**Tina Uecker**	Date of Inspection:	**05/02/2024**	Time of Inspection:	**3:00 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

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:	Agency Action:	
HS - Training	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	05/15/2024	**05/14/2024**
	Status: **Corrected**	

Hazel Soloman	**05/14/2024**	**Tina Uecker**	**05/14/2024**
Provider Signature	Date	Inspector Signature	Date