

Program Inspection Compliance Plan

Provider's Name: **KYLE LEARNING CENTER**

City: **Kyle**

Provider Number: **016599289**

Inspector: **Tina Uecker**

Date of Inspection: **08/07/2024**

Time of Inspection: **1:45 PM**

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

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

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

Corrections To Be Made:

**MH - Five Year Screen
AJ - C A/N Report Statement**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

09/12/2024

Actual
Completion
Date:

09/04/2024

Status: **Corrected**

Adrienne Runs Against

Provider Signature

09/12/2024

Date

Tina Uecker

Inspector Signature

09/12/2024

Date