

# Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Shining Star Academy**

City: **Wagner**

Provider Number: **014512043**

Inspector: **Deb Bigge**

Date of Inspection: **01/23/2019**

Time of Inspection: **10:20 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 and Fire & Tornado Drills

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

|  |  |                            |                         |                   |                   |
|--|--|----------------------------|-------------------------|-------------------|-------------------|
| <p>Corrections To Be Made:</p> <p><b>AB - CPR, Training</b><br/> <b>MH - Timely Orientation, CPR, Training</b><br/> <b>KR - Criminal Record Check, Timely Orientation, CPR, Training</b></p> | <p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>02/23/2019</b></td> <td style="text-align: center;"><b>02/20/2019</b></td> </tr> </table> <p>Status: <b>Corrected</b></p> | Suggested Completion Date: | Actual Completion Date: | <b>02/23/2019</b> | <b>02/20/2019</b> |
| Suggested Completion Date:   | Actual Completion Date:  |                            |                         |                   |                   |
| <b>02/23/2019</b>  | <b>02/20/2019</b>  |                            |                         |                   |                   |

41. Are children's records complete? 67:42:16:13 Note: Children's records are to be maintained at the facility for 6 months following the date care ceases.

Corrections To Be Made:

**BB - Immunization Records**  
**JB - Immunization Records**  
**KB - Immunization Records**  
**GD - Immunization Records**  
**MD - Immunization Records**  
**KH - Immunization Records**  
**CK - Immunization Records**  
**DK - Immunization Records**  
**KK - Immunization Records**  
**PM - Immunization Records**  
**DM - Immunization Records**  
**RSE - Immunization Records**  
**TSE - Immunization Records**  
**WSCO - Immunization Records**  
**KV - Immunization Records**

Agency Action:

**Compliance Plan**

| Suggested Completion Date: | Actual Completion Date: |
|----------------------------|-------------------------|
|----------------------------|-------------------------|

|                   |                   |
|-------------------|-------------------|
| <b>02/06/2019</b> | <b>02/15/2019</b> |
|-------------------|-------------------|

Status: **Corrected**

**CJ McNinch**

Provider Signature

**01/23/2019**

Date

**Deb Bigge**

Inspector Signature

**01/23/2019**

Date