Program Inspection Licensed Day Care Programs Compliance Plan

| Provider's Name: | Imagination Station | Day Care | City: | Black Hawk | Provider Number: | 016598634 |
|------------------|---------------------|---------------|---------|------------|---------------------|-----------|
| Inspector: | Lori Janssen | Date of Inspe | ection: | 08/21/2018 | Time of Inspection: | 9:30 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

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.

| Corrections To Be Made: | Agency Action: | | |
|---|--|-------------------------------|--|
| AB - Timely Orientation, CPR AH - Timely Orientation, Training HS - Timely Orientation, CPR | Compliance Plan Suggested Completion | Actual Completion Date: | |
| | Date: | | |
| | 09/07/2018 | 09/25/2018 | |
| | Status: Corrected | ected | |

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: | Agency Action: | | | |
|--|----------------------------------|-------------------------------|--|--|
| IF - Immunization Records | Compliance Plan | Compliance Plan | | |
| LF - Immunization Records RL - Immunization Records PP - Immunization Records QR - Immunization Records | Suggested Completion Date: | Actual Completion Date: | | |
| SS - Immunization Records JW - Immunization Records | 09/07/2018 | 09/20/2018 | | |
| | Status: Corrected | | | |
| | | | | |

Jessica Stehman

Provider Signature

08/21/2018

Date

Lori Janssen

Inspector Signature

08/21/2018

Date