

# Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Blue Dragon Academy**

City: **Garretson**

Provider Number: **018042210**

Inspector: **Rita Trager**

Date of Inspection: **08/26/2020**

Time of Inspection: **9:15 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>PA - Timely Orientation, CPR, Training</b>  <b>RA - Timely Orientation, Training</b>  <b>MA - Criminal Record Check</b>  <b>MD - Timely Orientation, Training</b>  <b>AF - Three References, Criminal Record Check, Timely Orientation, CPR, Training</b>  <b>KH - CPR, Training</b>  <b>JH - Central Registry Check, Sex Offender Registry Check</b>  <b>KH - Central Registry Check, Timely Orientation, CPR, Training</b>  <b>MJ - C A/N Report Statement</b>  <b>DL - Criminal Record Check</b>  <b>LM - Timely Orientation, CPR, Training</b>  <b>LO - Three References, Criminal Record Check</b>  <b>MT - Criminal Record Check</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td style="text-align: center;">Suggested Completion Date:</td> <td style="text-align: center;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;"><b>09/26/2020</b></td> <td style="text-align: center;"><b>10/02/2020</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>09/26/2020</b>	<b>10/02/2020</b>
Suggested Completion Date:	Actual Completion Date:				
<b>09/26/2020</b>	<b>10/02/2020</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:

DA - Immunization Records  
EA - Immunization Records  
KA - Immunization Records  
LB - Immunization Records  
TJ - Immunization Records  
GK - Immunization Records  
RR - Immunization Records

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**09/26/2020**

**10/02/2020**

Status: **Corrected**

**Heidi Fink**

Provider Signature

**08/26/2020**

Date

**Rita Trager**

Inspector Signature

**08/26/2020**

Date