

# Program Inspection Compliance Plan

Provider's Name: **Bethesda Learning Academy**

City: **Aberdeen**

Provider Number: **000097106**

Inspector: **Julie Hermansen**

Date of Inspection: **02/21/2024**

Time of Inspection: **12:00 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

35. Does each child 's record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:	
<b>UP - Immunization Records</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>03/20/2024</b>	<b>04/19/2024</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:	Agency Action:	
<b>NF - Orientation Complete</b> <b>AG - C A/N Report Statement, Orientation Complete, CPR, Training</b> <b>MH - Orientation Complete</b> <b>MJ - Training</b> <b>AK - Orientation Complete, Level II Complete, CPR</b> <b>PM - Training</b> <b>MM - CPR, Training</b> <b>LM - C A/N Report Statement, Orientation Complete</b> <b>KR - Level II Complete</b> <b>BV - Orientation Complete, Training</b> <b>JW - C A/N Report Statement, Orientation Complete, CPR</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>03/20/2024</b>	<b>04/19/2024</b>
	Status: <b>Corrected</b>	

**Kennedy Reisenauer**  
\_\_\_\_\_  
Provider Signature

**02/28/2024**  
\_\_\_\_\_  
Date

**Julie Hermansen**  
\_\_\_\_\_  
Inspector Signature

**02/28/2024**  
\_\_\_\_\_  
Date