

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Imagination Station Preschool** City: **Black Hawk** Provider Number: **016597810**
 Inspector: **Andrea Neff** Date of Inspection: **06/14/2022** Time of Inspection: **9:20 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, 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>KH - Address & Phone Number, Central Registry Check, Sex Offender Registry Check, Criminal Record Check GM - Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement MM - Three References, Central Registry Check, Sex Offender Registry Check, Criminal Record Check, C A/N Report Statement SM - Address & Phone Number, Three References, C A/N Report Statement LR - Address & Phone Number, Three References, C A/N Report Statement PR - Address & Phone Number, Three References, C A/N Report Statement JS - Address & Phone Number, Three References, C A/N Report Statement, CPR</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">07/19/2022</td> <td style="text-align: center;">08/08/2022</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	07/19/2022	08/08/2022
Suggested Completion Date:	Actual Completion Date:				
07/19/2022	08/08/2022				

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.

<p>Corrections To Be Made:</p> <p>RL - Immunization Records MM - Immunization Records AR - Immunization Records BR - Immunization Records JS - Immunization Records JW - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">07/12/2022</td> <td style="text-align: center;">07/08/2022</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	07/12/2022	07/08/2022
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07/12/2022	07/08/2022				

I. Written Procedures

44. Does the program have a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations; accommodation of infants & toddlers; children with disabilities & children with chronic medical conditions? 67:42:10:10

Corrections To Be Made:	Agency Action:	
Program needs to have a written emergency preparedness and response plan in place covering the required areas.	Compliance Plan	
Correction: Program provided a written emergency preparedness and response plan.	Suggested Completion Date:	Actual Completion Date:
	07/12/2022	07/08/2022
	Status: Corrected	

45. Does the program provide a written Staff Training Plan? 67:42:10:06

Corrections To Be Made:	Agency Action:	
Provider needs to provide a written staff training plan explaining how staff will receive their required training.	Compliance Plan	
Correction: Provider provided a written staff training plan explaining how staff will receive their required training.	Suggested Completion Date:	Actual Completion Date:
	07/12/2022	08/01/2022
	Status: Corrected	

Leslie Rodriguez
Provider Signature

08/08/2022
Date

Andrea Neff
Inspector Signature

08/08/2022
Date