

# Program Inspection Compliance Plan

Provider's Name: **Imagination Station Preschool** City: **Black Hawk**

Provider Number: **016597810**

Inspector: **Andrea Neff** Date of Inspection: **08/08/2024**

Time of Inspection: **10:40 AM**

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>PT - Emergency Permission</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>08/22/2024</b>	<b>08/09/2024</b>
	Status: <b>Corrected</b>	

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

Corrections To Be Made:	Agency Action:	
<b>LC - Orientation Complete AE - Orientation Complete CL - Out Of State KS - Orientation Complete</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>08/22/2024</b>	<b>10/02/2024</b>
	Status: <b>Corrected</b>	

**Kimberly Bilben**

**08/08/2024**

**Andrea Neff**

**08/08/2024**

Provider Signature

Date

Inspector Signature

Date