

Program Inspection Compliance Plan

Provider's Name: **Imagination Station Daycare**

City: **Black Hawk**

Provider Number: **016597811**

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

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

Corrections To Be Made:

LC - Orientation Complete
AE - Orientation Complete
CL - Out Of State
KS - Orientation Complete

Agency Action:

Compliance Plan

Suggested
Completion
Date:

08/22/2024

Actual
Completion
Date:

10/02/2024

Status: **Corrected**

Kimberly Bilben

Provider Signature

08/08/2024

Date

Andrea Neff

Inspector Signature

08/08/2024

Date