

# Program Inspection Compliance Plan

Provider's Name: **Imagination Station**

City: **Hartford**

Provider Number: **018039999**

Inspector: **Chandra VanHout**

Date of Inspection: **04/24/2024**

Time of Inspection: **10:38 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## B. Provider Practices

15. Is written consent obtained from each child ' s parent before administering all prescription and non-prescription medication? Does the consent include the child ' s name, name of medication and the dates, times, and dosage of the medication to be administered? 67:42:17:27

Corrections To Be Made:	Agency Action:	
<b>Some medication forms did not include the dates to be administered.</b>	<b>Compliance Plan</b>	
<b>Written consent to administer medication must include the dates, times, and dosage of the medication to be administered.</b>	Suggested Completion Date:	Actual Completion Date:
<b>The program obtained the dates to be administered at the time of the inspection.</b>	<b>04/26/2024</b>	<b>04/24/2024</b>
	Status: <b>Corrected Immediately</b>	

24. Does the provider comply with their responsibility to report to the Office of Licensing & Accreditation within 24 hours any incidents or changes in circumstances that may affect their ability to meet licensing requirements? 67:42:17:06 Note: This includes but is not limited to a new director, use of space not yet approved, renovating of space used, damage to the building, change in location or ownership, involvement with child protective services or law enforcement, serious injury that requires medical attention or dental care or death of child in care, etc.

<p>Corrections To Be Made:</p> <p><b>There were two injuries that required medical or dental care that had not been reported to the Office of Licensing &amp; Accreditation within 24 hours.</b></p> <p><b>The provider must comply with their responsibility to report to OLA within 24 hours any incidents or changes in circumstances that may affect their ability to meet licensing requirements.</b></p> <p><b>The regulation was reviewed with the program and the reports were submitted at the time of the inspection.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>04/24/2024</b></td> <td><b>04/24/2024</b></td> </tr> </table> <p>Status: <b>Corrected Immediately</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>04/24/2024</b>	<b>04/24/2024</b>
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<b>04/24/2024</b>	<b>04/24/2024</b>				

**Posting Information/ Emergency Preparedness/ Record Keeping/ Provider**

**C. Qualifications**

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

<p>Corrections To Be Made:</p> <p><b>MD - Orientation Complete</b> <b>ML - Five Year Screen, Level II Complete</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table border="0"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td><b>05/15/2024</b></td> <td><b>05/20/2024</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>05/15/2024</b>	<b>05/20/2024</b>
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<b>05/15/2024</b>	<b>05/20/2024</b>				

**E. Written Procedures**

51. Are all providers and provider assistants knowledgeable on the emergency preparedness and response plan and procedure at the time employment begins? 67:42:17:43

Corrections To Be Made:

**Providers were not knowledgeable on the lockdown procedure.**

**All providers must be knowledgeable on the emergency preparedness and response plan and procedure at the time employment begins.**

**The program revised their procedures and communicated with all providers.**

Agency Action:

**Compliance Plan**

Suggested  
Completion  
Date:

**05/15/2024**

Actual  
Completion  
Date:

**05/30/2024**

Status: **Corrected**

**Kristine Johnson**

Provider Signature

**04/24/2024**

Date

**Chandra VanHout**

Inspector Signature

**04/24/2024**

Date