

Program Inspection Compliance Plan

Provider's Name: **Ihanpi Cikcistina "Little Steps"** City: **Agency Village** Provider Number: **011102332**
 Inspector: **Julie Hermansen** Date of Inspection: **07/28/2022** Time of Inspection: **1:45 PM**

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 and 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> <ul style="list-style-type: none"> KB - C A/N Report Statement, Timely Orientation SC - Three References, C A/N Report Statement, CPR JD - C A/N Report Statement, Timely Orientation MF - Three References, C A/N Report Statement, Timely Orientation DF - CPR AG - CPR PK - Timely Orientation, CPR TO - Central Registry Check, Timely Orientation KR - Three References, Timely Orientation RR - Three References, Criminal Record Check, C A/N Report Statement, Timely Orientation, CPR, Training TS - Three References, Criminal Record Check, CPR JW - Criminal Record Check, Timely Orientation 	<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;">08/28/2022</td> <td style="text-align: center;">09/28/2022</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	08/28/2022	09/28/2022
Suggested Completion Date:	Actual Completion Date:				
08/28/2022	09/28/2022				

Tia Owen

Provider Signature

08/01/2022

Date

Julie Hermansen

Inspector Signature

08/01/2022

Date