

# Program Inspection Compliance Plan

Provider's Name: **Little Folks Home**

City: **Armour**

Provider Number: **014512617**

Inspector: **Deb Bigge**

Date of Inspection: **08/22/2024**

Time of Inspection: **1:11 PM**

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>ZG - Enrollment Date, Information Sheet, Emergency Contact, Emergency Permission</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>08/29/2024</b>	<b>09/10/2024</b>
	Status: <b>Corrected</b>	

**Katelyn Lau**

Provider Signature

**08/22/2024**

Date

**Deb Bigge**

Inspector Signature

**08/22/2024**

Date