

# Program Inspection Compliance Plan

Provider's Name: **Little Promises University**

City: **Sturgis**

Provider Number: **016597880**

Inspector: **Andrea Neff**

Date of Inspection: **03/01/2023**

Time of Inspection: **12:50 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.

Corrections To Be Made:	Agency Action:	
<b>ND - CPR</b> <b>CE - CPR</b> <b>TS - Three References</b> <b>MW - CPR</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>03/20/2023</b>	<b>03/27/2023</b>
	Status: <b>Corrected</b>	

**Heide Drolc**

Provider Signature

**03/01/2023**

Date

**Andrea Neff**

Inspector Signature

**03/01/2023**

Date