Program Inspection
Compliance Plan

Provider's Name:	**Melissa's Little Lambs**	City:	**Parker**	Provider Number:	**018042907**
Inspector:	**Deb Bigge**	Date of Inspection:	**09/14/2023**	Time of Inspection:	**11:58 AM**

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

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

35. Does each child ' s record contain all required information? 67:42:17:42

Corrections To Be Made:

GC - Immunization Records
BP - Immunization Records

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/28/2023	**10/17/2023**

Status: **Corrected**

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

Corrections To Be Made:

AC - Level II Complete
MP - Five Year Screen, Level II Complete

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
09/28/2023	**10/31/2023**

Status: **Corrected**

Melissa Preheim	**09/14/2023**	**Deb Bigge**	**09/14/2023**
Provider Signature	Date	Inspector Signature	Date