Program Inspection
Compliance Plan

Provider's Name:	**Melissa's Little Lambs**	City:	**Parker**	Provider Number:	**018042907**
Inspector:	**Deb Bigge**	Date of Inspection:	**04/24/2024**	Time of Inspection:	**9:04 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

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

Corrections To Be Made:	Agency Action:	
OB - Level II Complete, CPR	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	05/08/2024	**05/24/2024**
	Status: **Corrected**	

Meissa Preheim	**04/24/2024**	**Deb Bigge**	**04/24/2024**
Provider Signature	Date	Inspector Signature	Date