

Provider required to post this report.

Program Inspection Compliance Plan

Provider's Name: **Little Pheasants LLC**

City: **Parker**

Provider Number: **014512635**

Inspector: **Deb Bigge**

Date of Inspection: **01/02/2025**

Time of Inspection: **1:30 PM**

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:

RR - Immunization Records

AU - Immunization Records

KW - Immunization Records

Agency Action:

Compliance Plan

Suggested	Actual
Completion	Completion

Date:	Date:
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01/16/2025

Status: **Pending**



Provider Signature

Dawn Muller

Name

01/02/2025

Date



Inspector Signature

Deb Bigge

Name

01/02/2025

Date