

Provider required to post this report.

## Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

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

City: **Parker**

Provider Number: **014512635**

Inspector: **Stacy Wildermuth**

Date of Inspection: **11/22/2024**

Time of Inspection: **9:00 AM**

**Provider was found to be in full compliance**



Provider Signature

**Dawn Muller**

Name

**11/22/2024**

Date



Inspector Signature

**Stacy Wildermuth**

Name

**11/22/2024**

Date