

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Little Pheasants**

City: **Parker**

Provider Number: **018040300**

Inspector: **Denise Ferguson**

Date of Inspection: **09/13/2018**

Time of Inspection: **9:33 AM**

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, 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.

<p>Corrections To Be Made:</p> <p>AG - Three References</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">10/13/2018</td> <td style="text-align: center;">10/03/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/13/2018	10/03/2018
Suggested Completion Date:	Actual Completion Date:				
10/13/2018	10/03/2018				

Regina McKenney

Provider Signature

09/13/2018

Date

Denise Ferguson

Inspector Signature

09/13/2018

Date