

Program Inspection Compliance Plan

Provider's Name: **Ipswich Tiger Post CEC Inc.**

City: **Ipswich**

Provider Number: **011100998**

Inspector: **Julie Hermansen**

Date of Inspection: **09/06/2023**

Time of Inspection: **1:00 PM**

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

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

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

Corrections To Be Made:

MG - Out Of State
DH - CPR, Training
AK - Sex Offender Registry Check, FBI Check, NCIC Check
EL - CPR, Training

Agency Action:

Compliance Plan

Suggested
Completion
Date:

Actual
Completion
Date:

09/27/2023

10/04/2023

Status: **Corrected**

Jada Sucoeda

Provider Signature

09/06/2023

Date

Julie Hermansen

Inspector Signature

09/06/2023

Date