

Program Inspection Compliance Plan

Provider's Name: **Tiger Tots**

City: **Harrisburg**

Provider Number: **018042435**

Inspector: **Teri Pieters**

Date of Inspection: **08/16/2024**

Time of Inspection: **8:45 AM**

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

35. Does each child ' s record contain all required information? 67:42:17:42

| | | |
|----------------------------------|----------------------------|-------------------------|
| Corrections To Be Made: | Agency Action: | |
| BK - Immunization Records | Compliance Plan | |
| | Suggested Completion Date: | Actual Completion Date: |
| | 08/31/2024 | 08/20/2024 |
| | Status: Corrected | |

Samantha Weber

Provider Signature

08/16/2024

Date

Teri Pieters

Inspector Signature

08/16/2024

Date