

Program Inspection Compliance Plan

Provider's Name: **Super Titans**

City: **Tea**

Provider Number: **018042859**

Inspector: **Teri Pieters**

Date of Inspection: **01/29/2024**

Time of Inspection: **2:23 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

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

Corrections To Be Made:	Agency Action:	
BH - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	02/14/2024	02/06/2024
	Status: Corrected	

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

Corrections To Be Made:	Agency Action:	
RM - Five Year Screen PP - Level II Complete, Training	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	02/14/2024	02/14/2024
	Status: Corrected	

Kelly Irvin

Provider Signature

02/14/2024

Date

Teri Pieters

Inspector Signature

02/14/2024

Date