

Program Inspection Compliance Plan

Provider's Name: **Tea Trailblazers**

City: **Tea**

Provider Number: **018043072**

Inspector: **Teri Pieters**

Date of Inspection: **02/01/2024**

Time of Inspection: **1:18 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:	Agency Action:	
CH - CPR	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	02/29/2024	02/09/2024
	Status: Corrected	

Amanda

Provider Signature

02/02/2024

Date

Teri Pieters

Inspector Signature

02/02/2024

Date