

Program Inspection Compliance Plan

Provider's Name: **Latchkey Before & After School
Care** City: **Canton**

Provider Number: **010605534**

Inspector: **Teri Pieters**

Date of Inspection: **09/13/2024**

Time of Inspection: **10:41 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

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

Corrections To Be Made:

LG - DCI Check

Agency Action:

Compliance Plan

Suggested
Completion
Date:

10/13/2024

Actual
Completion
Date:

09/30/2024

Status: **Corrected**

Nicole Sehr

Provider Signature

09/13/2024

Date

Teri Pieters

Inspector Signature

09/13/2024

Date