Program Inspection
Compliance Plan

Provider's Name:	**Totally Kids Before and After School - Lennox**	City:	**Lennox**	Provider Number:	**010605571**
Inspector:	**Teri Pieters**	Date of Inspection:	**09/27/2024**	Time of Inspection:	**2:17 PM**

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

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

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

Corrections To Be Made:

KJ - DCI Check
KS - CPR

Agency Action:

Compliance Plan

Suggested Completion Date: **10/27/2024**

Actual Completion Date: **10/08/2024**

Status: **Corrected**

sheryl ledeboer	**09/27/2024**	**Teri Pieters**	**09/27/2024**
Provider Signature	Date	Inspector Signature	Date