

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Kidscope-Jefferson Elementary** City: **Watertown**

Provider Number: **011513612**

Inspector: **Rachel Holm**

Date of Inspection: **10/01/2018**

Time of Inspection: **1:43 PM**

**Provider was found to be in full compliance**

**Brittany Foyt**

Provider Signature

**10/02/2018**

Date

**Rachel Holm**

Inspector Signature

**10/02/2018**

Date