

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **G.R.A.S.P. OST**

City: **Groton**

Provider Number: **011102291**

Inspector: **Julie Hermansen**

Date of Inspection: **10/16/2018**

Time of Inspection: **2:24 PM**

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

G. Record Keeping, Posting Information, Fire/Tornado Drills

34. Do staff records contain all required information? 67:42:14:23 Note: staff records are to be maintained for 6 months following the end of employment.

<p>Corrections To Be Made:</p> <p>TD - CPR KJ - CPR SM - CPR</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">11/16/2018</td> <td style="text-align: center;">12/12/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	11/16/2018	12/12/2018
Suggested Completion Date:	Actual Completion Date:				
11/16/2018	12/12/2018				

Kim Weber

Provider Signature

10/16/2018

Date

Julie Hermansen

Inspector Signature

10/16/2018

Date