Program Inspection
Compliance Plan

Provider's Name:	**G.R.A.S.P. OST**	City:	**Groton**	Provider Number:	**011102291**
Inspector:	**Julie Hermansen**	Date of Inspection:	**10/11/2023**	Time of Inspection:	**4:00 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

36. Do children ' s records include names of authorized individuals to pick up the children; health information including allergies or special needs; start and end date of enrollment? 67:42:17:42

Corrections To Be Made:

The children's records did not include names of authorized individuals to pick up the children.

Each child record needs the names of individuals that can pick up the children.

Correction: The Provider added on the enrollment form individuals that can pick up the children.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
11/10/2023	**12/07/2023**

Status: **Corrected**

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

Corrections To Be Made:

SH - CPR
CK - Central Registry Check, Sex Offender Registry Check
KL - Training
DP - Central Registry Check, Sex Offender Registry Check

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
11/10/2023	**01/10/2024**

Status: **Corrected**

Kim Weber	10/25/2023	Julie Hermansen	10/25/2023
Provider Signature	Date	Inspector Signature	Date