Program Inspection
Compliance Plan

Provider's Name:	**G.R.A.S.P OST**	City:	**Groton**	Provider Number:	**011102291**
Inspector:	**Julie Hermansen**	Date of Inspection:	**06/21/2024**	Time of Inspection:	**12:35 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 didn't include names of authorized individuals that can pick up the children.

The children's records need to include names of authorized individuals that can pick up the children.

Correction: The names of individuals authorized to pick up the children has been added to the children's records.

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
07/31/2024	**08/07/2024**

Status: **Corrected**

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

Corrections To Be Made:

GE - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check
LJ - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check
CK - Orientation Complete
DP - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check
SP - Orientation Complete
MT - Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check
BW - DCI Check
KW - Level II Complete

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
07/31/2024	**08/20/2024**

Status: **Corrected**

Kom Weber	07/17/2024	Julie Hermansen	07/17/2024
Provider Signature	Date	Inspector Signature	Date