

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Great After School Place-  
Methodist**

City: **Brookings**

Provider Number: **011508869**

Inspector: **Rachel Holm**

Date of Inspection: **10/15/2018**

Time of Inspection: **11:08 AM**

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

**Jan Stange**

Provider Signature

**10/19/2018**

Date

**Rachel Holm**

Inspector Signature

**10/19/2018**

Date