

# Program Inspection Before & After School Center Compliance Plan

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

City: **Brookings**

Provider Number: **011516510**

Inspector: **Rachel Holm**

Date of Inspection: **10/17/2018**

Time of Inspection: **1:53 PM**

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

**Jan Stange**

Provider Signature

**10/19/2018**

Date

**Rachel Holm**

Inspector Signature

**10/19/2018**

Date