

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **SDSU OST Program**

City: **Brookings**

Provider Number: **011515519**

Inspector: **Ambuer Jaacks**

Date of Inspection: **10/29/2020**

Time of Inspection: **2:30 PM**

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

## E. Nutrition, Snack and Meal Planning

26. If the center prepares meals, are weekly menus posted? 67:42:14:21

Corrections To Be Made:

**Program will post weekly snack menu.**

.....

**Menu is created and posted.**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**11/05/2020**

Actual  
Completion  
Date:

**11/05/2020**

Status: **Corrected**

**Laura Gloege**

Provider Signature

**10/29/2020**

Date

**Ambuer Jaacks**

Inspector Signature

**10/29/2020**

Date