

# Program Inspection Compliance Plan

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

City: **Brookings**

Provider Number: **011516510**

Inspector: **Ambuer Jaacks**

Date of Inspection: **06/18/2024**

Time of Inspection: **9:43 AM**

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

## Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

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

Corrections To Be Made:	Agency Action:	
<b>SA - CPR NC - Five Year Screen, Level II Complete DR - Five Year Screen, Level II Complete CW - CPR</b>	<b>Compliance Plan</b>	
	Suggested Completion Date:	Actual Completion Date:
	<b>07/18/2024</b>	<b>07/29/2024</b>
	Status: <b>Corrected</b>	

## D. Transportation

46. If transporting children, is written permission from each child ' s parent obtained? 67:42:17:45

Corrections To Be Made:	Agency Action:	
<b>Written permission from parents to transport their child(ren) not obtained. If transporting children, written permission must be obtained from parents.</b>	<b>Compliance Plan</b>	
<b>Correction: Verification received that enrollment forms now require parent's permission to transport their child(ren). Parent's signature obtained approving transportation.</b>	Suggested Completion Date:	Actual Completion Date:
	<b>07/18/2024</b>	<b>07/16/2024</b>
	Status: <b>Corrected</b>	

**Madyson Fodness**  
\_\_\_\_\_  
Provider Signature

**06/18/2024**  
\_\_\_\_\_  
Date

**Ambuer Jaacks**  
\_\_\_\_\_  
Inspector Signature

**06/18/2024**  
\_\_\_\_\_  
Date