

# Program Inspection Compliance Plan

Provider's Name: **Boys & Girls Club of Brookings** City: **Brookings**

Provider Number: **011517176**

Inspector: **Ambuer Jaacks** Date of Inspection: **10/10/2023**

Time of Inspection: **10:39 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

35. Does each child ' s record contain all required information? 67:42:17:42

|                                  |                            |                         |
|----------------------------------|----------------------------|-------------------------|
| Corrections To Be Made:          | Agency Action:             |                         |
| <b>KG - Immunization Records</b> | <b>Compliance Plan</b>     |                         |
|                                  | Suggested Completion Date: | Actual Completion Date: |
|                                  | <b>10/24/2023</b>          | <b>10/24/2023</b>       |
|                                  | Status: <b>Corrected</b>   |                         |

**Chelsea Smith**

Provider Signature

**10/10/2023**

Date

**Ambuer Jaacks**

Inspector Signature

**10/10/2023**

Date