

# Program Inspection Compliance Plan

Provider's Name: **Boys & Girls Club of The  
Capital Area**

City: **Pierre**

Provider Number: **014512557**

Inspector: **Sarah Deakins**

Date of Inspection: **07/16/2024**

Time of Inspection: **1:01 PM**

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

**Samson Boutchee**

Provider Signature

**09/16/2024**

Date

**Sarah Deakins**

Inspector Signature

**09/16/2024**

Date