

Program Inspection Compliance Plan

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

City: **Brookings**

Provider Number: **011515519**

Inspector: **Ambuer Jaacks**

Date of Inspection: **02/28/2024**

Time of Inspection: **1:45 PM**

Provider was found to be in full compliance

Laura Gloege

Provider Signature

02/28/2024

Date

Ambuer Jaacks

Inspector Signature

02/28/2024

Date