

# Program Inspection Compliance Plan

Provider's Name: **SDSU Laboratory Preschool**

City: **Brookings**

Provider Number: **011515520**

Inspector: **Ambuer Jaacks**

Date of Inspection: **04/19/2023**

Time of Inspection: **11:51 AM**

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

**Jen Johnson**

Provider Signature

**04/19/2023**

Date

**Ambuer Jaacks**

Inspector Signature

**04/19/2023**

Date