

Program Inspection Compliance Plan

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

City: **Brookings**

Provider Number: **011515520**

Inspector: **Ambuer Jaacks**

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

Time of Inspection: **3:27 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