

# Program Inspection Compliance Plan

Provider's Name: **South Dakota State University  
Early Learning Center**      City: **Brookings**

Provider Number: **011517222**

Inspector: **Ambuer Jaacks**      Date of Inspection: **09/06/2023**

Time of Inspection: **9:47 AM**

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

**Barb Caulfield**

\_\_\_\_\_  
Provider Signature

**09/06/2023**

\_\_\_\_\_  
Date

**Ambuer Jaacks**

\_\_\_\_\_  
Inspector Signature

**09/06/2023**

\_\_\_\_\_  
Date