

# Program Inspection Compliance Plan

Provider's Name: **SDSU Early Learning Center**

City: **Brookings**

Provider Number: **011517222**

Inspector: **Ambuer Jaacks**

Date of Inspection: **11/05/2024**

Time of Inspection: **9:21 AM**

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

**Barb Caulfield**

Provider Signature

**11/05/2024**

Date

**Ambuer Jaacks**

Inspector Signature

**11/05/2024**

Date