

# **Program Inspection Before & After School Center Compliance Plan**

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

City: **Brookings**

Provider Number: **011515519**

Inspector: **Rachel Holm**

Date of Inspection: **10/09/2018**

Time of Inspection: **8:34 AM**

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

**Laura Gloege**

Provider Signature

**10/09/2018**

Date

**Rachel Holm**

Inspector Signature

**10/09/2018**

Date