

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: **11/19/2019**

Time of Inspection: **8:27 AM**

Provider was found to be in full compliance

Laura Gloege

Provider Signature

11/19/2019

Date

Rachel Holm

Inspector Signature

11/19/2019

Date