

Program Inspection Compliance Plan

Provider's Name: **Abiding Savior Under Christ's** City: **Sioux Falls**

Provider Number: **010605802**

Inspector: **Teri Pieters** Date of Inspection: **04/19/2024**

Time of Inspection: **1:44 PM**

Provider was found to be in full compliance

Sydney Temple

Provider Signature

04/19/2024

Date

Teri Pieters

Inspector Signature

04/19/2024

Date