

Program Inspection Informal Provider Compliance Plan

Provider's Name: **Michelle Brown**

City: **Sioux Falls**

Provider Number: **010607669**

Inspector: **Rita Trager**

Date of Inspection: **01/10/2024**

Time of Inspection: **3:00 PM**

Provider was found to be in full compliance

Michelle Brown

Provider Signature

01/11/2024

Date

Rita Trager

Inspector Signature

01/11/2024

Date