

# Program Inspection Compliance Plan

Provider's Name: **Snicklefritz South Day Care**

City: **Harrisburg**

Provider Number: **018042235**

Inspector: **Teri Pieters**

Date of Inspection: **04/13/2023**

Time of Inspection: **1:39 PM**

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

**Karli Dubro**

Provider Signature

**04/14/2023**

Date

**Teri Pieters**

Inspector Signature

**04/14/2023**

Date