Program Inspection
Compliance Plan

Provider's Name:	**HOPE C.A.R.E DAY CARE #2**	City:	**Sioux Falls**	Provider Number:	**018042468**
Inspector:	**Teri Pieters**	Date of Inspection:	**06/26/2023**	Time of Inspection:	**10:00 AM**

Provider was found to be in full compliance

Brandi McCuen	**07/14/2023**	**Teri Pieters**	**07/14/2023**
Provider Signature	Date	Inspector Signature	Date