Program Inspection
Compliance Plan

Provider's Name:	**Snicklefritz Sycamore**	City:	**Sioux Falls**	Provider Number:	**018042559**
Inspector:	**Ambuer Jaacks**	Date of Inspection:	**10/27/2022**	Time of Inspection:	**9:00 AM**

Provider was found to be in full compliance

Miranda Rogers	**11/14/2022**	**Ambuer Jaacks**	**11/14/2022**
Provider Signature	Date	Inspector Signature	Date