Program Inspection
Compliance Plan

Provider's Name:	**Snicklefritz Sycamore**	City:	**Sioux Falls**	Provider Number:	**018042559**
Inspector:	**Teri Pieters**	Date of Inspection:	**10/16/2023**	Time of Inspection:	**9:41 AM**

Provider was found to be in full compliance

Miranda Rogers	**10/25/2023**	**Teri Pieters**	**10/25/2023**
Provider Signature	Date	Inspector Signature	Date