

Program Inspection Informal Provider Compliance Plan

Provider's Name: **Cheryll Angle**

City: **Sioux Falls**

Provider Number: **018042953**

Inspector: **Rita Trager**

Date of Inspection: **12/29/2022**

Time of Inspection: **3:40 PM**

Provider was found to be in full compliance

Cheryll Angle

Provider Signature

12/29/2022

Date

Rita Trager

Inspector Signature

12/29/2022

Date