

Program Inspection Informal Provider Compliance Plan

Provider's Name: **Cheryll Angle**

City: **Sioux Falls**

Provider Number: **018042953**

Inspector: **Rita Trager**

Date of Inspection: **12/20/2023**

Time of Inspection: **8:58 AM**

Provider was found to be in full compliance

Cheryll Angle

Provider Signature

12/20/2023

Date

Rita Trager

Inspector Signature

12/20/2023

Date