

# Program Inspection Informal Provider Compliance Plan

Provider's Name: **Cheryll Angle**

City: **Sioux Falls**

Provider Number: **018042953**

Inspector: **Rita Trager**

Date of Inspection: **12/18/2024**

Time of Inspection: **9:57 AM**

**Provider was found to be in full compliance**

**Cheryll Angle**

Provider Signature

**12/18/2024**

Date

**Rita Trager**

Inspector Signature

**12/18/2024**

Date