Program Inspection
Compliance Plan

Provider's Name:	**Apple Blossom Academy**	City:	**Sioux Falls**	Provider Number:	**018043068**
Inspector:	**Teri Pieters**	Date of Inspection:	**03/20/2024**	Time of Inspection:	**9:00 AM**

Provider was found to be in full compliance

Lisa Carson	**03/20/2024**	**Teri Pieters**	**03/20/2024**
Provider Signature	Date	Inspector Signature	Date