

# Program Inspection Compliance Plan

Provider's Name: **605 Prep**

City: **Sioux Falls**

Provider Number: **018043085**

Inspector: **Brooke Flemmer**

Date of Inspection: **02/01/2023**

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

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

**Jess Snyder**

Provider Signature

**02/01/2023**

Date

**Brooke Flemmer**

Inspector Signature

**02/01/2023**

Date