

Program Inspection Compliance Plan

Provider's Name: **605 Prep**

City: **Sioux Falls**

Provider Number: **018043085**

Inspector: **Brooke Flemmer**

Date of Inspection: **05/20/2024**

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

Provider was found to be in full compliance

Jessica Snyder

Provider Signature

05/20/2024

Date

Brooke Flemmer

Inspector Signature

05/20/2024

Date