

# Program Inspection Compliance Plan

Provider's Name: **Bethel Lutheran After school  
Care**

City: **Sioux Falls**

Provider Number: **018043103**

Inspector: **Teri Pieters**

Date of Inspection: **11/14/2023**

Time of Inspection: **3:10 PM**

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

**Glenda Knuth**

Provider Signature

**11/14/2023**

Date

**Teri Pieters**

Inspector Signature

**11/14/2023**

Date