

**Program Inspection  
Informal Provider  
Compliance Plan**

Provider's Name: **Christine Bryant-Hendrix**

City: **Sioux Falls**

Provider Number: **018043233**

Inspector: **Teri Pieters**

Date of Inspection: **10/31/2024**

Time of Inspection: **12:04 PM**

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



Provider Signature

**christine Bryant-Hendrix**

Name

**10/31/2024**

Date



Inspector Signature

**Teri Pieters**

Name

**10/31/2024**

Date