

# **Program Inspection Licensed Day Care Programs Compliance Plan**

Provider's Name: **Apple Tree East**

City: **Sioux Falls**

Provider Number: **010605673**

Inspector: **Denise Ferguson**

Date of Inspection: **11/19/2019**

Time of Inspection: **9:29 AM**

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

**Lisa Carson**

Provider Signature

**11/19/2019**

Date

**Denise Ferguson**

Inspector Signature

**11/19/2019**

Date