

Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **St. Michael School**

City: **Sioux Falls**

Provider Number: **018041884**

Inspector: **Denise Ferguson**

Date of Inspection: **10/11/2018**

Time of Inspection: **3:00 PM**

Provider was found to be in full compliance

Stephanie Genschorck

Provider Signature

10/11/2018

Date

Denise Ferguson

Inspector Signature

10/11/2018

Date