

# Program Inspection Licensed Day Care Programs Compliance Plan

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

City: **Sioux Falls**

Provider Number: **018042092**

Inspector: **Denise Ferguson**

Date of Inspection: **10/15/2018**

Time of Inspection: **3:25 PM**

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

**Susan Ekern**

Provider Signature

**10/15/2018**

Date

**Denise Ferguson**

Inspector Signature

**10/15/2018**

Date