

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Kids Inc. - All City**

City: **Sioux Falls**

Provider Number: **018042543**

Inspector: **Stacie Ugofsky**

Date of Inspection: **03/26/2019**

Time of Inspection: **3:57 PM**

Provider was found to be in full compliance

Stacy Jelen

Provider Signature

03/26/2019

Date

Stacie Ugofsky

Inspector Signature

03/26/2019

Date