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:	**09/08/2020**	Time of Inspection:	**2:45 PM**

Provider was found to be in full compliance

Jodi Miller	**09/21/2020**	**Stacie Ugofsky**	**09/10/2020**
Provider Signature	Date	Inspector Signature	Date