Family Day Care Inspection
Compliance Plan

Provider's Name:	**Susan Peterson**	City:	**Sioux Falls**	Provider Number:	**010604336**
Inspector:	**Sarah Boese**	Date of Inspection:	**10/06/2023**	Time of Inspection:	**12:22 PM**

Provider was found to be in full compliance

Susan Peterson	**10/06/2023**	**Sarah Boese**	**10/06/2023**
Provider Signature	Date	Inspector Signature	Date