Family Day Care Inspection
Compliance Plan

Provider's Name:	**Janet Hofer**	City:	**Sioux Falls**	Provider Number:	**010604618**
Inspector:	**Sarah Boese**	Date of Inspection:	**04/16/2024**	Time of Inspection:	**11:16 AM**

Provider was found to be in full compliance

Janet Hofer	**04/16/2024**	**Sarah Boese**	**04/16/2024**
Provider Signature	Date	Inspector Signature	Date