Family Day Care Inspection
Compliance Plan

Provider's Name:	**Jennifer Holthe**	City:	**Sioux Falls**	Provider Number:	**010604845**
Inspector:	**Todd Lowe**	Date of Inspection:	**09/12/2022**	Time of Inspection:	**10:24 AM**

Provider was found to be in full compliance

JENNIFER hOLTHE	**09/12/2022**	**Todd Lowe**	**09/12/2022**
Provider Signature	Date	Inspector Signature	Date