# Family Day Care Inspection
# Compliance Plan

| | | | | | |
|---|---|---|---|---|---|
| Provider's Name: | **Virginia Oschsner** | City: | **Sioux Falls** | Provider Number: | **010605478** |
| Inspector: | **Patrick Waltman** | Date of Inspection: | **12/05/2022** | Time of Inspection: | **8:51 AM** |

## Provider was found to be in full compliance

| | | | |
|---|---|---|---|
| **Virginia Ochsner** | **12/05/2022** | **Patrick Waltman** | **12/05/2022** |
| Provider Signature | Date | Inspector Signature | Date |