Family Day Care Inspection
Compliance Plan

Provider's Name:	**Virginia Ochsner**	City:	**Sioux Falls**	Provider Number:	**010605478**
Inspector:	**Sarah Boese**	Date of Inspection:	**08/25/2023**	Time of Inspection:	**1:36 PM**

Provider was found to be in full compliance

Virginia Ochsner	**08/25/2023**	**Sarah Boese**	**08/25/2023**
Provider Signature	Date	Inspector Signature	Date