Family Day Care Inspection
Compliance Plan

Provider's Name:	**Karen Ahrendt**	City:	**Sioux Falls**	Provider Number:	**011503425**
Inspector:	**Sarah Boese**	Date of Inspection:	**08/31/2023**	Time of Inspection:	**9:34 AM**

Provider was found to be in full compliance

Karen Ahrendt	**08/31/2023**	**Sarah Boese**	**08/31/2023**
Provider Signature	Date	Inspector Signature	Date