Family Day Care Inspection
Compliance Plan

Provider's Name:	**Tina Ward**	City:	**Sioux Falls**	Provider Number:	**018031381**
Inspector:	**Sarah Boese**	Date of Inspection:	**10/18/2023**	Time of Inspection:	**10:09 AM**

Provider was found to be in full compliance

Tina Ward	**10/18/2023**	**Sarah Boese**	**10/18/2023**
Provider Signature	Date	Inspector Signature	Date