Family Day Care Inspection
Compliance Plan

Provider's Name:	**Rachel Gacke**	City:	**Sioux Falls**	Provider Number:	**018042242**
Inspector:	**Patrick Waltman**	Date of Inspection:	**04/04/2023**	Time of Inspection:	**12:25 PM**

Provider was found to be in full compliance

Rachel Gacke	**04/04/2023**	**Patrick Waltman**	**04/04/2023**
Provider Signature	Date	Inspector Signature	Date