Family Day Care Inspection
Compliance Plan

Provider's Name:	**Michelle Haase**	City:	**Sioux Falls**	Provider Number:	**018042304**
Inspector:	**Todd Lowe**	Date of Inspection:	**12/01/2022**	Time of Inspection:	**10:56 AM**

Provider was found to be in full compliance

Michelle Haase	**12/01/2022**	**Todd Lowe**	**12/01/2022**
Provider Signature	Date	Inspector Signature	Date