Family Day Care Inspection
Compliance Plan

Provider's Name:	**Michelle Haase**	City:	**Sioux Falls**	Provider Number:	**018042304**
Inspector:	**Sarah Boese**	Date of Inspection:	**10/11/2023**	Time of Inspection:	**4:18 PM**

Provider was found to be in full compliance

Michelle Haase	**10/11/2023**	**Sarah Boese**	**10/11/2023**
Provider Signature	Date	Inspector Signature	Date