Family Day Care Inspection
Compliance Plan

Provider's Name:	**Sue Ihnen**	City:	**Sioux Falls**	Provider Number:	**018042366**
Inspector:	**Patrick Waltman**	Date of Inspection:	**08/08/2022**	Time of Inspection:	**9:07 AM**

Provider was found to be in full compliance

Sue Ihnen	**08/08/2022**	**Patrick Waltman**	**08/08/2022**
Provider Signature	Date	Inspector Signature	Date