Family Day Care Inspection
Compliance Plan

Provider's Name:	**Sue Ihnen**	City:	**Sioux Falls**	Provider Number:	**018042366**
Inspector:	**Sarah Boese**	Date of Inspection:	**10/17/2023**	Time of Inspection:	**3:52 PM**

Provider was found to be in full compliance

Sue Ihnen	**10/17/2023**	**Sarah Boese**	**10/17/2023**
Provider Signature	Date	Inspector Signature	Date