Family Day Care Inspection
Compliance Plan

Provider's Name:	**Leesa Rang**	City:	**Sioux Falls**	Provider Number:	**018042414**
Inspector:	**Rita Trager**	Date of Inspection:	**04/17/2023**	Time of Inspection:	**9:39 AM**

Provider was found to be in full compliance

Leesa Rang	**04/17/2023**	**Rita Trager**	**04/17/2023**
Provider Signature	Date	Inspector Signature	Date