Family Day Care Inspection
Compliance Plan

Provider's Name:	**Miranda Wulf**	City:	**Sioux Falls**	Provider Number:	**018042980**
Inspector:	**Sarah Boese**	Date of Inspection:	**06/28/2023**	Time of Inspection:	**9:47 AM**

Provider was found to be in full compliance

Miranda Wulf	**06/28/2023**	**Sarah Boese**	**06/28/2023**
Provider Signature	Date	Inspector Signature	Date