

Family Day Care Inspection Compliance Plan

Provider's Name: **Shaun Christensen**

City: **Sioux Falls**

Provider Number: **018043081**

Inspector: **Sarah Boese**

Date of Inspection: **10/12/2023**

Time of Inspection: **4:16 PM**

Provider was found to be in full compliance

Shaun Christensen

Provider Signature

10/12/2023

Date

Sarah Boese

Inspector Signature

10/12/2023

Date