

Family Day Care Inspection Compliance Plan

Provider's Name: **Karen Ahrendt**

City: **Sioux Falls**

Provider Number: **011503425**

Inspector: **Charles Anderson**

Date of Inspection: **04/30/2018**

Time of Inspection: **9:31 AM**

Provider was found to be in full compliance

Karen Ahrendt

Provider Signature

04/30/2018

Date

Charles Anderson

Inspector Signature

04/30/2018

Date