

Family Day Care Inspection Compliance Plan

Provider's Name: **Penny Alexander**

City: **Sioux Falls**

Provider Number: **010601395**

Inspector: **Sarah Boese**

Date of Inspection: **09/27/2023**

Time of Inspection: **9:00 AM**

Provider was found to be in full compliance

Penny Alexander

Provider Signature

09/27/2023

Date

Sarah Boese

Inspector Signature

09/27/2023

Date