

Family Day Care Inspection Compliance Plan

Provider's Name: **Laurie Bramstedt**

City: **Sioux Falls**

Provider Number: **018029316**

Inspector: **Sarah Boese**

Date of Inspection: **10/05/2023**

Time of Inspection: **4:38 PM**

Provider was found to be in full compliance

Laurie Bramstedt

Provider Signature

10/05/2023

Date

Sarah Boese

Inspector Signature

10/05/2023

Date