Family Day Care Inspection
Compliance Plan

Provider's Name:	**Katy Davenport**	City:	**Sioux Falls**	Provider Number:	**018042576**
Inspector:	**Renee Strong**	Date of Inspection:	**08/29/2023**	Time of Inspection:	**10:05 AM**

Provider was found to be in full compliance

Katy Davenport	**08/29/2023**	**Renee Strong**	**08/29/2023**
Provider Signature	Date	Inspector Signature	Date