Family Day Care Inspection
Compliance Plan

Provider's Name:	**Katy Davenport**	City:	**Sioux Falls**	Provider Number:	**018042576**
Inspector:	**Sarah Boese**	Date of Inspection:	**07/24/2024**	Time of Inspection:	**10:58 AM**

Provider was found to be in full compliance

Katy Davenport	**07/24/2024**	**Sarah Boese**	**07/24/2024**
Provider Signature	Date	Inspector Signature	Date