

Family Day Care Inspection Compliance Plan

Provider's Name: **Shirley Bushee**

City: **Sioux Falls**

Provider Number: **018042602**

Inspector: **Sarah Boese**

Date of Inspection: **09/07/2023**

Time of Inspection: **9:33 AM**

Provider was found to be in full compliance

Shirley Bushee

Provider Signature

09/07/2023

Date

Sarah Boese

Inspector Signature

09/07/2023

Date