Family Day Care Inspection
Compliance Plan

Provider's Name:	**Brianna Thomas**	City:	**Sioux Falls**	Provider Number:	**018043050**
Inspector:	**Teri Pieters**	Date of Inspection:	**04/24/2023**	Time of Inspection:	**2:18 AM**

Provider was found to be in full compliance

Brianna Thomas	**04/26/2023**	**Teri Pieters**	**04/26/2023**
Provider Signature	Date	Inspector Signature	Date