Family Day Care Inspection
Compliance Plan

Provider's Name:	**Jamie Owsley**	City:	**Sioux Falls**	Provider Number:	**018043123**
Inspector:	**Sarah Boese**	Date of Inspection:	**06/07/2024**	Time of Inspection:	**11:46 AM**

Provider was found to be in full compliance

Jamie Owsley	**06/07/2024**	**Sarah Boese**	**06/07/2024**
Provider Signature	Date	Inspector Signature	Date