

Family Day Care Inspection Compliance Plan

Provider's Name: **Kristi Jacobson**

City: **Sioux Falls**

Provider Number: **011515392**

Inspector: **Rita Trager**

Date of Inspection: **11/09/2020**

Time of Inspection: **8:16 AM**

Provider was found to be in full compliance

Kristi Jacobson

Provider Signature

11/09/2020

Date

Rita Trager

Inspector Signature

11/09/2020

Date