

Family Day Care Inspection Compliance Plan

Provider's Name: **Theresa Senst**

City: **Sioux Falls**

Provider Number: **018042196**

Inspector: **Dwight Johnson**

Date of Inspection: **07/03/2019**

Time of Inspection: **9:30 AM**

Provider was found to be in full compliance

Theresa Senst

Provider Signature

07/03/2019

Date

Dwight Johnson

Inspector Signature

07/03/2019

Date