

Family Day Care Inspection Compliance Plan

Provider's Name: **Theresa Senst**

City: **Sioux Falls**

Provider Number: **018042196**

Inspector: **Kelly Gnat**

Date of Inspection: **04/29/2020**

Time of Inspection: **3:14 PM**

Provider was found to be in full compliance

Theresa Senst

Provider Signature

04/29/2020

Date

Kelly Gnat

Inspector Signature

04/29/2020

Date