

Family Day Care Inspection Compliance Plan

Provider's Name: **Shukri Aden**

City: **Sioux Falls**

Provider Number: **010610587**

Inspector: **Denise Ferguson**

Date of Inspection: **11/14/2019**

Time of Inspection: **1:36 PM**

Provider was found to be in full compliance

Shukri Aden

Provider Signature

11/14/2019

Date

Denise Ferguson

Inspector Signature

11/14/2019

Date