

Family Day Care Inspection Compliance Plan

Provider's Name: **Tamara Dixon**

City: **Sioux Falls**

Provider Number: **010605634**

Inspector: **Clint Rux**

Date of Inspection: **08/29/2018**

Time of Inspection: **9:45 AM**

Provider was found to be in full compliance

Tamara Dixon

Provider Signature

08/29/2018

Date

Clint Rux

Inspector Signature

08/29/2018

Date