

# Family Day Care Inspection Compliance Plan

Provider's Name: **Deanna Kost**

City: **Sioux Falls**

Provider Number: **011512662**

Inspector: **Dwight Johnson**

Date of Inspection: **09/01/2020**

Time of Inspection: **3:30 PM**

**Provider was found to be in full compliance**

**Deanna Kost**

Provider Signature

**09/01/2020**

Date

**Dwight Johnson**

Inspector Signature

**09/01/2020**

Date