

Family Day Care Inspection Compliance Plan

Provider's Name: **Tammy Remillard**

City: **Sioux Falls**

Provider Number: **018031734**

Inspector: **Kelly Gnat**

Date of Inspection: **05/30/2019**

Time of Inspection: **4:30 PM**

Provider was found to be in full compliance

Tamara Remillard

Provider Signature

05/30/2019

Date

Kelly Gnat

Inspector Signature

05/30/2019

Date