

Family Day Care Inspection Compliance Plan

Provider's Name: **Tammy Remillard**

City: **Sioux Falls**

Provider Number: **018031734**

Inspector: **Rita Trager**

Date of Inspection: **08/24/2020**

Time of Inspection: **9:03 AM**

Provider was found to be in full compliance

Tammy Remillard

Provider Signature

08/24/2020

Date

Rita Trager

Inspector Signature

08/24/2020

Date