

Family Day Care Inspection Compliance Plan

Provider's Name: **Rachelle Headley**

City: **Sioux Falls**

Provider Number: **018042443**

Inspector: **Kelly Gnat**

Date of Inspection: **10/24/2018**

Time of Inspection: **10:30 AM**

Provider was found to be in full compliance

Rachelle Headley

Provider Signature

10/24/2018

Date

Kelly Gnat

Inspector Signature

10/24/2018

Date