

# Family Day Care Inspection Compliance Plan

Provider's Name: **Jenny McGary**

City: **Sioux Falls**

Provider Number: **018029574**

Inspector: **Kelly Gnat**

Date of Inspection: **09/25/2018**

Time of Inspection: **8:30 AM**

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

**Jenny McGary**

Provider Signature

**09/25/2018**

Date

**Kelly Gnat**

Inspector Signature

**09/25/2018**

Date