

Family Day Care Inspection Compliance Plan

Provider's Name: **Candy Volkers**

City: **Sioux Falls**

Provider Number: **018041887**

Inspector: **Denise Ferguson**

Date of Inspection: **08/20/2018**

Time of Inspection: **9:10 AM**

Provider was found to be in full compliance

Candy Volkers

Provider Signature

08/20/2018

Date

Denise Ferguson

Inspector Signature

08/20/2018

Date