Family Day Care Inspection
Compliance Plan

Provider's Name:	**Tamara Dixon**	City:	**Sioux Falls**	Provider Number:	**010605634**
Inspector:	**Rita Trager**	Date of Inspection:	**11/15/2022**	Time of Inspection:	**9:07 AM**

Provider was found to be in full compliance

Tamara Dixon	**11/15/2022**	**Rita Trager**	**11/15/2022**
Provider Signature	Date	Inspector Signature	Date