

Family Day Care Inspection Compliance Plan

Provider's Name: **Carol Ferguson**

City: **Sioux Falls**

Provider Number: **016536367**

Inspector: **Teri Pieters**

Date of Inspection: **04/19/2024**

Time of Inspection: **7:31 AM**

Provider was found to be in full compliance

Carol Ferguson

Provider Signature

04/23/2024

Date

Teri Pieters

Inspector Signature

04/23/2024

Date