Family Day Care Inspection
Compliance Plan

Provider's Name:	**Candace Volkers**	City:	**Sioux Falls**	Provider Number:	**018041887**
Inspector:	**Sarah Boese**	Date of Inspection:	**01/26/2024**	Time of Inspection:	**11:22 AM**

Provider was found to be in full compliance

Candy Volkers	**01/26/2024**	**Sarah Boese**	**01/26/2024**
Provider Signature	Date	Inspector Signature	Date