Family Day Care Inspection
Compliance Plan

Provider's Name:	**Kandice Coomes**	City:	**Sioux Falls**	Provider Number:	**018042432**
Inspector:	**Rita Trager**	Date of Inspection:	**11/13/2024**	Time of Inspection:	**9:42 AM**

Provider was found to be in full compliance

Kandice Coomes	**11/13/2024**	**Rita Trager**	**11/13/2024**
Provider Signature	Date	Inspector Signature	Date