

Family Day Care Inspection Compliance Plan

Provider's Name: **Rachelle Headley**

City: **Sioux Falls**

Provider Number: **018042443**

Inspector: **Chandra VanHout**

Date of Inspection: **04/11/2023**

Time of Inspection: **8:57 AM**

Provider was found to be in full compliance

Rachelle Headley

Provider Signature

04/11/2023

Date

Chandra VanHout

Inspector Signature

04/11/2023

Date