

Family Day Care Inspection Compliance Plan

Provider's Name: **Rachelle Headley**

City: **Sioux Falls**

Provider Number: **018042443**

Inspector: **Sarah Boese**

Date of Inspection: **04/12/2024**

Time of Inspection: **10:50 AM**

Provider was found to be in full compliance

Rachelle Headley

Provider Signature

04/12/2024

Date

Sarah Boese

Inspector Signature

04/12/2024

Date