

Family Day Care Inspection Compliance Plan

Provider's Name: **Dawn DeBoer**

City: **Sioux Falls**

Provider Number: **018042570**

Inspector: **Dwight Johnson**

Date of Inspection: **08/14/2019**

Time of Inspection: **1:47 PM**

Provider was found to be in full compliance

Dawn Deboar

Provider Signature

08/14/2019

Date

Dwight Johnson

Inspector Signature

08/14/2019

Date