

# Family Day Care Inspection Compliance Plan

Provider's Name: **Elizabeth Harris**

City: **Pierre**

Provider Number: **010611484**

Inspector: **Kelly Gnat**

Date of Inspection: **07/13/2020**

Time of Inspection: **8:24 AM**

**Provider was found to be in full compliance**

**Elizabeth Harris**

Provider Signature

**07/13/2020**

Date

**Kelly Gnat**

Inspector Signature

**07/13/2020**

Date