

# Family Day Care Inspection Compliance Plan

Provider's Name: **Angela Schwartz**

City: **Pierre**

Provider Number: **010611553**

Inspector: **McKenzie  
Hyronimus**

Date of Inspection: **10/09/2020**

Time of Inspection: **8:59 AM**

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

**Angela Schwartz**

Provider Signature

**10/09/2020**

Date

**McKenzie Hyronimus**

Inspector Signature

**10/09/2020**

Date