

Family Day Care Inspection Compliance Plan

Provider's Name: **Kathy Bitner**

City: **Dell Rapids**

Provider Number: **011502570**

Inspector: **Dwight Johnson**

Date of Inspection: **03/12/2019**

Time of Inspection: **11:00 AM**

Provider was found to be in full compliance

Kathy Bitner

Provider Signature

03/12/2019

Date

Dwight Johnson

Inspector Signature

03/12/2019

Date