

Family Day Care Inspection Compliance Plan

Provider's Name: **Donna Olson**

City: **Watertown**

Provider Number: **011513924**

Inspector: **Kelly Gnat**

Date of Inspection: **05/10/2019**

Time of Inspection: **10:31 AM**

Provider was found to be in full compliance

Donna Olson

Provider Signature

05/10/2019

Date

Kelly Gnat

Inspector Signature

05/10/2019

Date