

Family Day Care Inspection Compliance Plan

Provider's Name: **Donna Olson**

City: **Watertown**

Provider Number: **011513924**

Inspector: **Kelly Gnat**

Date of Inspection: **09/14/2020**

Time of Inspection: **3:18 PM**

Provider was found to be in full compliance

Donna Olson

Provider Signature

09/14/2020

Date

Kelly Gnat

Inspector Signature

09/14/2020

Date