

# Family Day Care Inspection Compliance Plan

Provider's Name: **Barbara Mears**

City: **Sioux Falls**

Provider Number: **011515352**

Inspector: **Dwight Johnson**

Date of Inspection: **08/14/2019**

Time of Inspection: **12:00 PM**

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

**Barbara Mears**

Provider Signature

**08/14/2019**

Date

**Dwight Johnson**

Inspector Signature

**08/14/2019**

Date