

# Family Day Care Inspection Compliance Plan

Provider's Name: **Neasha Sitzler**

City: **Rapid City**

Provider Number: **016598230**

Inspector: **Ann Marie Sailer**

Date of Inspection: **06/08/2020**

Time of Inspection: **8:00 AM**

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

**Neasha Sitzler**

Provider Signature

**06/08/2020**

Date

**Ann Marie Sailer**

Inspector Signature

**06/08/2020**

Date