

Family Day Care Inspection Compliance Plan

Provider's Name: **Shawnmarie Lewis**

City: **Aberdeen**

Provider Number: **018011860**

Inspector: **Julie Hermansen**

Date of Inspection: **01/29/2019**

Time of Inspection: **10:17 AM**

Provider was found to be in full compliance

Shawnmarie Lewis

Provider Signature

01/29/2019

Date

Julie Hermansen

Inspector Signature

01/29/2019

Date