

Family Day Care Inspection Compliance Plan

Provider's Name: **Kelli Schumacher**

City: **Sioux Falls**

Provider Number: **018027123**

Inspector: **Carrie Lewis**

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

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

Provider was found to be in full compliance

Kelli Schumacher

Provider Signature

06/08/2020

Date

Carrie Lewis

Inspector Signature

06/08/2020

Date