

Family Day Care Inspection Compliance Plan

Provider's Name: **Alinda Wiarda**

City: **Dell Rapids**

Provider Number: **018027158**

Inspector: **Kelly Gnat**

Date of Inspection: **10/26/2018**

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

Provider was found to be in full compliance

Alinda Wiarda

Provider Signature

10/26/2018

Date

Kelly Gnat

Inspector Signature

10/26/2018

Date