

Family Day Care Inspection Compliance Plan

Provider's Name: **Alinda Wiarda**

City: **Dell Rapids**

Provider Number: **018027158**

Inspector: **Elijah Ehresmann**

Date of Inspection: **09/15/2020**

Time of Inspection: **12:49 PM**

Provider was found to be in full compliance

Alinda Wiarda

Provider Signature

09/15/2020

Date

Elijah Ehresmann

Inspector Signature

09/15/2020

Date