

Family Day Care Inspection Compliance Plan

Provider's Name: **Pamela Stefanich**

City: **Sioux Falls**

Provider Number: **018033020**

Inspector: **Kelly Gnat**

Date of Inspection: **08/06/2019**

Time of Inspection: **2:45 PM**

Provider was found to be in full compliance

Pamela Stefanich

Provider Signature

08/06/2019

Date

Kelly Gnat

Inspector Signature

08/06/2019

Date