

Family Day Care Inspection Compliance Plan

Provider's Name: **Pamela Stefanich**

City: **Sioux Falls**

Provider Number: **018033020**

Inspector: **Elijah Ehresmann**

Date of Inspection: **10/14/2020**

Time of Inspection: **10:35 AM**

Provider was found to be in full compliance

Pamela Stefanich

Provider Signature

10/14/2020

Date

Elijah Ehresmann

Inspector Signature

10/14/2020

Date