

# Family Day Care Inspection Compliance Plan

Provider's Name: **Cynthia Widman**

City: **Sioux Falls**

Provider Number: **018033712**

Inspector: **Rita Trager**

Date of Inspection: **02/04/2020**

Time of Inspection: **8:02 AM**

**Provider was found to be in full compliance**

**Cynthia Widman**

Provider Signature

**02/04/2020**

Date

**Rita Trager**

Inspector Signature

**02/04/2020**

Date