

Family Day Care Inspection Compliance Plan

Provider's Name: **Shelly Wathier**

City: **Sioux Falls**

Provider Number: **018034669**

Inspector: **Dwight Johnson**

Date of Inspection: **05/23/2019**

Time of Inspection: **10:30 AM**

Provider was found to be in full compliance

Shelly Wathier

Provider Signature

05/23/2019

Date

Dwight Johnson

Inspector Signature

05/23/2019

Date