

# Family Day Care Inspection Compliance Plan

Provider's Name: **Michelle Haase**

City: **Sioux Falls**

Provider Number: **018042304**

Inspector: **Kelly Gnat**

Date of Inspection: **10/23/2018**

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

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

**Michelle Haase**

Provider Signature

**10/23/2018**

Date

**Kelly Gnat**

Inspector Signature

**10/23/2018**

Date