

Family Day Care Inspection Compliance Plan

Provider's Name: **Michelle Haase**

City: **Sioux Falls**

Provider Number: **018042304**

Inspector: **Dwight Johnson**

Date of Inspection: **10/02/2019**

Time of Inspection: **9:30 AM**

Provider was found to be in full compliance

Michelle Haase

Provider Signature

10/02/2019

Date

Dwight Johnson

Inspector Signature

10/02/2019

Date