

# Family Day Care Inspection Compliance Plan

Provider's Name: **Jill Hanson**

City: **Sioux Falls**

Provider Number: **018042650**

Inspector: **Dwight Johnson**

Date of Inspection: **07/07/2020**

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

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

**Jill Hanson**

Provider Signature

**07/07/2020**

Date

**Dwight Johnson**

Inspector Signature

**07/07/2020**

Date