

# Family Day Care Inspection Compliance Plan

Provider's Name: **Traci Haala**

City: **Harrisburg**

Provider Number: **018042815**

Inspector: **Elijah Ehresmann**

Date of Inspection: **02/27/2019**

Time of Inspection: **10:01 AM**

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

**Traci Haala**

Provider Signature

**02/27/2019**

Date

**Elijah Ehresmann**

Inspector Signature

**02/27/2019**

Date