

# Family Day Care Inspection Compliance Plan

Provider's Name: **Pamela Hamilton**

City: **Yankton**

Provider Number: **019511188**

Inspector: **Stacy Wildermuth**

Date of Inspection: **05/28/2020**

Time of Inspection: **11:55 AM**

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

**Pam Hamilton**

Provider Signature

**05/28/2020**

Date

**Stacy Wildermuth**

Inspector Signature

**05/28/2020**

Date