

# Family Day Care Inspection Compliance Plan

Provider's Name: **Michelle Schulte**

City: **Yankton**

Provider Number: **019521347**

Inspector: **Stacy Wildermuth**

Date of Inspection: **02/06/2020**

Time of Inspection: **9:00 AM**

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

**Michelle**

Provider Signature

**02/06/2020**

Date

**Stacy Wildermuth**

Inspector Signature

**02/06/2020**

Date