

# Family Day Care Inspection Compliance Plan

Provider's Name: **Cheryl Stoesser**

City: **Fort Pierre**

Provider Number: **010280798**

Inspector: **Brenda Sharkey**

Date of Inspection: **10/03/2019**

Time of Inspection: **9:58 AM**

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

**Cheryl Stoesser**

Provider Signature

**10/03/2019**

Date

**Brenda Sharkey**

Inspector Signature

**10/03/2019**

Date