

Family Day Care Inspection Compliance Plan

Provider's Name: **Susan Peterson**

City: **Sioux Falls**

Provider Number: **010604336**

Inspector: **Kelly Gnat**

Date of Inspection: **09/24/2018**

Time of Inspection: **1:45 PM**

Provider was found to be in full compliance

Susan Peterson

Provider Signature

09/24/2018

Date

Kelly Gnat

Inspector Signature

09/24/2018

Date