

# Family Day Care Inspection Compliance Plan

Provider's Name: **Wanda Hartle**

City: **Sioux Falls**

Provider Number: **018031240**

Inspector: **Elijah Ehresmann**

Date of Inspection: **03/18/2019**

Time of Inspection: **12:35 PM**

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

**Wanda Hartle**

Provider Signature

**03/18/2019**

Date

**Elijah Ehresmann**

Inspector Signature

**03/18/2019**

Date