

Family Day Care Inspection Compliance Plan

Provider's Name: **Wanda Hartle**

City: **Sioux Falls**

Provider Number: **018031240**

Inspector: **Rita Trager**

Date of Inspection: **02/05/2020**

Time of Inspection: **8:28 AM**

Provider was found to be in full compliance

Wanda Hartle

Provider Signature

02/05/2020

Date

Rita Trager

Inspector Signature

02/05/2020

Date