Family Day Care Inspection
Compliance Plan

Provider's Name:	**Ann Feltman**	City:	**De Smet**	Provider Number:	**011509016**
Inspector:	**Neal Cruse**	Date of Inspection:	**03/13/2024**	Time of Inspection:	**9:51 AM**

Provider was found to be in full compliance

Ann Feltman	**03/13/2024**	**Neal Cruse**	**03/13/2024**
Provider Signature	Date	Inspector Signature	Date