

Family Day Care Inspection Compliance Plan

Provider's Name: **Jheri Watson**

City: **Sioux Falls**

Provider Number: **018037080**

Inspector: **Sarah Boese**

Date of Inspection: **10/18/2023**

Time of Inspection: **4:15 PM**

Provider was found to be in full compliance

Jheri Watson

Provider Signature

10/18/2023

Date

Sarah Boese

Inspector Signature

10/18/2023

Date