Family Day Care Inspection
Compliance Plan

Provider's Name:	**Jheri Watson**	City:	**Sioux Falls**	Provider Number:	**018037080**
Inspector:	**Chandra VanHout**	Date of Inspection:	**05/29/2024**	Time of Inspection:	**9:48 AM**

Provider was found to be in full compliance

Jheri Watson	**05/29/2024**	**Chandra VanHout**	**05/29/2024**
Provider Signature	Date	Inspector Signature	Date