

# Family Day Care Inspection Compliance Plan

Provider's Name: **Stephanie Deuter**

City: **Dell Rapids**

Provider Number: **018042247**

Inspector: **Patrick Waltman**

Date of Inspection: **03/27/2024**

Time of Inspection: **8:49 AM**

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

**Stephanie Dueter**

Provider Signature

**03/27/2024**

Date

**Patrick Waltman**

Inspector Signature

**03/27/2024**

Date