

# Family Day Care Inspection Compliance Plan

Provider's Name: **Deonna Nilson**

City: **Beresford**

Provider Number: **019506193**

Inspector: **Stacy Wildermuth**

Date of Inspection: **11/08/2024**

Time of Inspection: **8:35 AM**

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

**Deonna**

Provider Signature

**11/08/2024**

Date

**Stacy Wildermuth**

Inspector Signature

**11/08/2024**

Date