

# Family Day Care Inspection Compliance Plan

Provider's Name: **Connie Fehrman**

City: **Rapid City**

Provider Number: **010610231**

Inspector: **Ann Marie Sailer**

Date of Inspection: **02/26/2018**

Time of Inspection: **9:02 AM**

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

**Connie Fehrman**

Provider Signature

**02/26/2018**

Date

**Ann Marie Sailer**

Inspector Signature

**02/26/2018**

Date