

Family Day Care Inspection Compliance Plan

Provider's Name: **CONNIE FEHRMAN**

City: **Rapid City**

Provider Number: **010610231**

Inspector: **Robert Weig**

Date of Inspection: **06/01/2020**

Time of Inspection: **9:41 AM**

Provider was found to be in full compliance

CONNIE FEHRMAN

Provider Signature

06/01/2020

Date

Robert Weig

Inspector Signature

06/01/2020

Date