

# Family Day Care Inspection Compliance Plan

Provider's Name: **Rachel Lampy**

City: **Pierre**

Provider Number: **010611550**

Inspector: **McKenzie  
Hyronimus**

Date of Inspection: **10/02/2020**

Time of Inspection: **1:20 PM**

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

**Rachel Lampy**

Provider Signature

**10/02/2020**

Date

**McKenzie Hyronimus**

Inspector Signature

**10/02/2020**

Date