

Family Day Care Inspection Compliance Plan

Provider's Name: **Amber Achen**

City: **Rapid City**

Provider Number: **016597859**

Inspector: **Tina Uecker**

Date of Inspection: **09/24/2019**

Time of Inspection: **9:46 AM**

Provider was found to be in full compliance

Amber Achen

Provider Signature

09/24/2019

Date

Tina Uecker

Inspector Signature

09/24/2019

Date