

# Family Day Care Inspection Compliance Plan

Provider's Name: **Amber Achen**

City: **Rapid City**

Provider Number: **016597859**

Inspector: **Tina Uecker**

Date of Inspection: **11/03/2020**

Time of Inspection: **1:44 PM**

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

**Amber Achen**

Provider Signature

**11/03/2020**

Date

**Tina Uecker**

Inspector Signature

**11/03/2020**

Date