

# Family Day Care Inspection Compliance Plan

Provider's Name: **Sammi Moses**

City: **Rapid City**

Provider Number: **016598106**

Inspector: **Jennifer  
Preuninger**

Date of Inspection: **04/09/2018**

Time of Inspection: **9:07 AM**

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

**Sammi Moses**

Provider Signature

**04/09/2018**

Date

**Jennifer Preuninger**

Inspector Signature

**04/09/2018**

Date