

Family Day Care Inspection Compliance Plan

Provider's Name: **Jamie Phillips**

City: **Rapid City**

Provider Number: **016598664**

Inspector: **Lori Janssen**

Date of Inspection: **04/12/2018**

Time of Inspection: **9:24 AM**

Provider was found to be in full compliance

Jamie Phillips

Provider Signature

04/12/2018

Date

Lori Janssen

Inspector Signature

04/12/2018

Date