

# Family Day Care Inspection Compliance Plan

Provider's Name: **Kimberly Hudson**

City: **Pierre**

Provider Number: **010604726**

Inspector: **Chad Wrightson**

Date of Inspection: **08/22/2022**

Time of Inspection: **10:25 AM**

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

**Kim Hudson**

Provider Signature

**08/22/2022**

Date

**Chad Wrightson**

Inspector Signature

**08/22/2022**

Date