

Family Day Care Inspection Compliance Plan

Provider's Name: **Kimberly Hudson**

City: **Pierre**

Provider Number: **010604726**

Inspector: **Chad Wrightson**

Date of Inspection: **10/08/2024**

Time of Inspection: **9:27 AM**

Provider was found to be in full compliance

Kimberly Hudson

Provider Signature

10/08/2024

Date

Chad Wrightson

Inspector Signature

10/08/2024

Date