

Family Day Care Inspection Compliance Plan

Provider's Name: **Amy Fowler**

City: **Pierre**

Provider Number: **014512583**

Inspector: **Chad Wrightson**

Date of Inspection: **12/18/2024**

Time of Inspection: **9:12 AM**

Provider was found to be in full compliance

Amy Fowler

Provider Signature

12/18/2024

Date

Chad Wrightson

Inspector Signature

12/18/2024

Date