

Family Day Care Inspection Compliance Plan

Provider's Name: **Nancy Freier**

City: **Pierre**

Provider Number: **014512618**

Inspector: **Sarah Deakins**

Date of Inspection: **05/30/2024**

Time of Inspection: **10:49 AM**

Provider was found to be in full compliance

Nancy Freier

Provider Signature

05/30/2024

Date

Sarah Deakins

Inspector Signature

05/30/2024

Date