

Family Day Care Inspection Compliance Plan

Provider's Name: **Deb Chilstrom**

City: **Rapid City**

Provider Number: **015504069**

Inspector: **Robert Weig**

Date of Inspection: **03/27/2023**

Time of Inspection: **10:55 AM**

Provider was found to be in full compliance

Deb Chilstrom

Provider Signature

03/27/2023

Date

Robert Weig

Inspector Signature

03/27/2023

Date