Family Day Care Inspection
Compliance Plan

Provider's Name:	**Marcella Gerritson**	City:	**Hill City**	Provider Number:	**016504135**
Inspector:	**Robert Weig**	Date of Inspection:	**05/22/2023**	Time of Inspection:	**9:45 AM**

Provider was found to be in full compliance

Marcella Gerritson	**05/22/2023**	**Robert Weig**	**05/22/2023**
Provider Signature	Date	Inspector Signature	Date