

# Family Day Care Inspection Compliance Plan

Provider's Name: **BRENDA MILACEK**

City: **Rapid City**

Provider Number: **016519721**

Inspector: **Meredith Schrier**

Date of Inspection: **02/13/2023**

Time of Inspection: **3:58 PM**

**Provider was found to be in full compliance**

**BRENDA MILACEK**

Provider Signature

**02/13/2023**

Date

**Meredith Schrier**

Inspector Signature

**02/13/2023**

Date