

Family Day Care Inspection Compliance Plan

Provider's Name: **Carolyn McGinley**

City: **Rapid City**

Provider Number: **016529851**

Inspector: **Robert Weig**

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

Time of Inspection: **8:40 AM**

Provider was found to be in full compliance

Carolyn McGinley

Provider Signature

03/27/2023

Date

Robert Weig

Inspector Signature

03/27/2023

Date