

# Family Day Care Inspection Compliance Plan

Provider's Name: **Amira Loveridge**

City: **Rapid City**

Provider Number: **016597808**

Inspector: **Tina Uecker**

Date of Inspection: **11/21/2023**

Time of Inspection: **8:00 AM**

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

**Amira Loveridge**

Provider Signature

**11/28/2023**

Date

**Tina Uecker**

Inspector Signature

**11/28/2023**

Date