

Family Day Care Inspection Compliance Plan

Provider's Name: **Amira Loveridge**

City: **Rapid City**

Provider Number: **016597808**

Inspector: **Tina Uecker**

Date of Inspection: **02/28/2024**

Time of Inspection: **9:00 AM**

Provider was found to be in full compliance

Amira Loveridge

Provider Signature

02/28/2024

Date

Tina Uecker

Inspector Signature

02/28/2024

Date