

Family Day Care Inspection Compliance Plan

Provider's Name: **Kyra Grable**

City: **Rapid City**

Provider Number: **016597817**

Inspector: **Tina Uecker**

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

Time of Inspection: **10:00 AM**

Provider was found to be in full compliance

Kyra Grable

Provider Signature

11/28/2023

Date

Tina Uecker

Inspector Signature

11/28/2023

Date