

Family Day Care Inspection Compliance Plan

Provider's Name: **Kyra Grable**

City: **Rapid City**

Provider Number: **016597817**

Inspector: **Robert Weig**

Date of Inspection: **01/09/2024**

Time of Inspection: **8:28 AM**

Provider was found to be in full compliance

Kyra Grable

Provider Signature

01/09/2024

Date

Robert Weig

Inspector Signature

01/09/2024

Date