

# Family Day Care Inspection Compliance Plan

Provider's Name: **Abby Maidl**

City: **Rapid City**

Provider Number: **016597824**

Inspector: **Tina Uecker**

Date of Inspection: **06/06/2023**

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

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

**Abby Maidl**

Provider Signature

**06/06/2023**

Date

**Tina Uecker**

Inspector Signature

**06/06/2023**

Date