

Family Day Care Inspection Compliance Plan

Provider's Name: **Katrina Kolb**

City: **Belle Fourche**

Provider Number: **016597861**

Inspector: **Andrea Neff**

Date of Inspection: **06/27/2023**

Time of Inspection: **8:15 AM**

Provider was found to be in full compliance

Katrina Kolb

Provider Signature

06/27/2023

Date

Andrea Neff

Inspector Signature

06/27/2023

Date