Family Day Care Inspection
Compliance Plan

Provider's Name:	**Summerlin Scott**	City:	**Rapid City**	Provider Number:	**016597967**
Inspector:	**Meredith Schrier**	Date of Inspection:	**02/13/2023**	Time of Inspection:	**4:05 PM**

Provider was found to be in full compliance

SUMMERLIN SCOTT	**02/13/2023**	**Meredith Schrier**	**02/13/2023**
Provider Signature	Date	Inspector Signature	Date