

# Family Day Care Inspection Compliance Plan

Provider's Name: **MEGAN DARGER**

City: **Rapid City**

Provider Number: **016598594**

Inspector: **Meredith Schrier**

Date of Inspection: **10/12/2022**

Time of Inspection: **4:05 PM**

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

**MEGAN DARGER**

Provider Signature

**10/12/2022**

Date

**Meredith Schrier**

Inspector Signature

**10/12/2022**

Date