

# Family Day Care Inspection Compliance Plan

Provider's Name: **Megan Darger**

City: **Rapid City**

Provider Number: **016598594**

Inspector: **Tina Uecker**

Date of Inspection: **01/02/2024**

Time of Inspection: **9:30 AM**

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

**Megan Darger**

Provider Signature

**01/02/2024**

Date

**Tina Uecker**

Inspector Signature

**01/02/2024**

Date