

Family Day Care Inspection Compliance Plan

Provider's Name: **CARLA JOHNSON**

City: **Rapid City**

Provider Number: **016599547**

Inspector: **Meredith Schrier**

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

Time of Inspection: **11:08 PM**

Provider was found to be in full compliance

CARLA JOHNSON

Provider Signature

10/12/2022

Date

Meredith Schrier

Inspector Signature

10/12/2022

Date