

# Family Day Care Inspection Compliance Plan

Provider's Name: **Carla Johnson**

City: **Rapid City**

Provider Number: **016599547**

Inspector: **Robert Weig**

Date of Inspection: **08/30/2023**

Time of Inspection: **10:19 AM**

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

**Carla Johnson**

Provider Signature

**08/30/2023**

Date

**Robert Weig**

Inspector Signature

**08/30/2023**

Date