

Family Day Care Inspection Compliance Plan

Provider's Name: **Krystal Schuler**

City: **Rapid City**

Provider Number: **016597893**

Inspector: **Ann Marie Sailer**

Date of Inspection: **06/09/2020**

Time of Inspection: **10:20 AM**

Provider was found to be in full compliance

Krystal Schuler

Provider Signature

06/09/2020

Date

Ann Marie Sailer

Inspector Signature

06/09/2020

Date