

Family Day Care Inspection Compliance Plan

Provider's Name: **Susan Dotson**

City: **Rapid City**

Provider Number: **016598898**

Inspector: **Robert Weig**

Date of Inspection: **02/21/2018**

Time of Inspection: **9:55 AM**

Provider was found to be in full compliance

Susan Dotson

Provider Signature

02/21/2018

Date

Robert Weig

Inspector Signature

02/21/2018

Date