

Family Day Care Inspection Compliance Plan

Provider's Name: **Christina Flack**

City: **Aberdeen**

Provider Number: **011102321**

Inspector: **Clint Rux**

Date of Inspection: **05/07/2018**

Time of Inspection: **9:35 AM**

Provider was found to be in full compliance

Christina Flack

Provider Signature

05/07/2018

Date

Clint Rux

Inspector Signature

05/07/2018

Date