

Family Day Care Inspection Compliance Plan

Provider's Name: **Christina Flack**

City: **Aberdeen**

Provider Number: **011102321**

Inspector: **Clint Rux**

Date of Inspection: **08/03/2020**

Time of Inspection: **10:00 AM**

Provider was found to be in full compliance

Christian Flack

Provider Signature

08/03/2020

Date

Clint Rux

Inspector Signature

08/03/2020

Date