

Family Day Care Inspection Compliance Plan

Provider's Name: **Michelle McGuire**

City: **Black Hawk**

Provider Number: **010605017**

Inspector: **Jon Farrar**

Date of Inspection: **09/26/2018**

Time of Inspection: **8:27 AM**

Provider was found to be in full compliance

Michelle McGuire

Provider Signature

09/26/2018

Date

Jon Farrar

Inspector Signature

09/26/2018

Date