

Family Day Care Inspection Compliance Plan

Provider's Name: **Betty Rook**

City: **Madison**

Provider Number: **010606019**

Inspector: **Rachel Holm**

Date of Inspection: **01/09/2019**

Time of Inspection: **9:24 AM**

Provider was found to be in full compliance

Betty Rook

Provider Signature

01/09/2019

Date

Rachel Holm

Inspector Signature

01/09/2019

Date