

# Family Day Care Inspection Compliance Plan

Provider's Name: **Amanda Bunke**

City: **Aberdeen**

Provider Number: **011008482**

Inspector: **Clint Rux**

Date of Inspection: **04/16/2018**

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

**Provider was found to be in full compliance**

**Amanda Bunke**

Provider Signature

**04/16/2018**

Date

**Clint Rux**

Inspector Signature

**04/16/2018**

Date