

# Family Day Care Inspection Compliance Plan

Provider's Name: **Jennifer Bruce**

City: **Aberdeen**

Provider Number: **011102477**

Inspector: **Clint Rux**

Date of Inspection: **05/20/2019**

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

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

**Jennifer Bruce**

Provider Signature

**05/20/2019**

Date

**Clint Rux**

Inspector Signature

**05/20/2019**

Date