

Family Day Care Inspection Compliance Plan

Provider's Name: **Brandi Uecker-Hallstrom**

City: **Clark**

Provider Number: **011102485**

Inspector: **Julie Hermansen**

Date of Inspection: **05/02/2018**

Time of Inspection: **12:22 PM**

Provider was found to be in full compliance

Brandi Uecker-Hallstrom

Provider Signature

05/02/2018

Date

Julie Hermansen

Inspector Signature

05/02/2018

Date