

Family Day Care Inspection Compliance Plan

Provider's Name: **Rikki Carey**

City: **Willow Lake**

Provider Number: **011102532**

Inspector: **Julie Hermansen**

Date of Inspection: **07/21/2020**

Time of Inspection: **1:29 PM**

Provider was found to be in full compliance

Rikki Carey

Provider Signature

07/21/2020

Date

Julie Hermansen

Inspector Signature

07/21/2020

Date