

# Family Day Care Inspection Compliance Plan

Provider's Name: **Christine Antonsen**

City: **Volga**

Provider Number: **011512483**

Inspector: **Rachel Holm**

Date of Inspection: **01/31/2020**

Time of Inspection: **8:25 AM**

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

**Christine Antonsen**

Provider Signature

**02/03/2020**

Date

**Rachel Holm**

Inspector Signature

**02/03/2020**

Date