

Family Day Care Inspection Compliance Plan

Provider's Name: **Ashley Collins**

City: **Brookings**

Provider Number: **011517503**

Inspector: **Rachel Holm**

Date of Inspection: **10/10/2019**

Time of Inspection: **7:50 AM**

Provider was found to be in full compliance

Ashley Collins

Provider Signature

10/10/2019

Date

Rachel Holm

Inspector Signature

10/10/2019

Date