

Family Day Care Inspection Compliance Plan

Provider's Name: **Alicia Crosbie**

City: **Box Elder**

Provider Number: **016597841**

Inspector: **Tina Uecker**

Date of Inspection: **08/12/2020**

Time of Inspection: **11:12 AM**

Provider was found to be in full compliance

Alicia Crosbie

Provider Signature

08/24/2020

Date

Tina Uecker

Inspector Signature

08/24/2020

Date