

# Family Day Care New Location Monitoring Checklist Compliance Plan

Provider's Name: **Sarah Tucker**

City: **Box Elder**

Provider Number: **016598348**

Inspector: **Lori Janssen**

Date of Inspection: **05/30/2018**

Time of Inspection: **10:14 AM**

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

**Sarah Tucker**

Provider Signature

**05/30/2018**

Date

**Lori Janssen**

Inspector Signature

**05/30/2018**

Date