

# Family Day Care Inspection Compliance Plan

Provider's Name: **Tabatha Appel**

City: **Black Hawk**

Provider Number: **016598612**

Inspector: **Jon Farrar**

Date of Inspection: **03/15/2018**

Time of Inspection: **8:37 AM**

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

**tabatha appel**

Provider Signature

**03/15/2018**

Date

**Jon Farrar**

Inspector Signature

**03/15/2018**

Date