

Family Day Care Inspection Compliance Plan

Provider's Name: **Susanne Davis**

City: **Box Elder**

Provider Number: **016598710**

Inspector: **Tina Uecker**

Date of Inspection: **11/03/2020**

Time of Inspection: **1:05 PM**

Provider was found to be in full compliance

Susanne Davis

Provider Signature

11/03/2020

Date

Tina Uecker

Inspector Signature

11/03/2020

Date