

Family Day Care Inspection Compliance Plan

Provider's Name: **Christie Finck**

City: **Madison**

Provider Number: **010601690**

Inspector: **Patrick Waltman**

Date of Inspection: **05/23/2023**

Time of Inspection: **10:48 AM**

Provider was found to be in full compliance

Christie Finck

Provider Signature

05/23/2023

Date

Patrick Waltman

Inspector Signature

05/23/2023

Date