

Family Day Care Inspection Compliance Plan

Provider's Name: **Betty Rook**

City: **Madison**

Provider Number: **010606019**

Inspector: **Ambuer Jaacks**

Date of Inspection: **01/10/2023**

Time of Inspection: **10:35 AM**

Provider was found to be in full compliance

Betty Rook

Provider Signature

02/01/2023

Date

Ambuer Jaacks

Inspector Signature

02/01/2023

Date