

# Family Day Care Inspection Compliance Plan

Provider's Name: **Amanda Bunke**

City: **Aberdeen**

Provider Number: **011008482**

Inspector: **Julie Hermansen**

Date of Inspection: **06/29/2023**

Time of Inspection: **2:04 PM**

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

**Amanda Bunke**

Provider Signature

**06/29/2023**

Date

**Julie Hermansen**

Inspector Signature

**06/29/2023**

Date