

Family Day Care Inspection Compliance Plan

Provider's Name: **Amanda Bunke**

City: **Aberdeen**

Provider Number: **011008482**

Inspector: **Clint Rux**

Date of Inspection: **06/30/2022**

Time of Inspection: **9:25 AM**

Provider was found to be in full compliance

Amanda Bunke

Provider Signature

06/30/2022

Date

Clint Rux

Inspector Signature

06/30/2022

Date