

Family Day Care Inspection Compliance Plan

Provider's Name: **Samantha Allen**

City: **Box Elder**

Provider Number: **016597806**

Inspector: **Tina Uecker**

Date of Inspection: **06/03/2024**

Time of Inspection: **10:00 AM**

Provider was found to be in full compliance

Tina Uecker

Provider Signature

06/20/2024

Date

Tina Uecker

Inspector Signature

06/20/2024

Date