

Family Day Care Inspection Compliance Plan

Provider's Name: **Samantha Allen**

City: **Box Elder**

Provider Number: **016597806**

Inspector: **Tina Uecker**

Date of Inspection: **11/20/2023**

Time of Inspection: **8:30 AM**

Provider was found to be in full compliance

SAMANTHA ALLEN

Provider Signature

11/28/2023

Date

Tina Uecker

Inspector Signature

11/28/2023

Date