

# Family Day Care Inspection Compliance Plan

Provider's Name: **Linda Hothem**

City: **Belle Fourche**

Provider Number: **016598636**

Inspector: **Andrea Neff**

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

Time of Inspection: **1:14 PM**

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

**Linda Hothem**

Provider Signature

**06/06/2024**

Date

**Andrea Neff**

Inspector Signature

**06/06/2024**

Date