

# Program Inspection Compliance Plan

Provider's Name: **M&M Day Care**

City: **Huron**

Provider Number: **000097080**

Inspector: **Sarah Deakins**

Date of Inspection: **02/13/2023**

Time of Inspection: **9:37 AM**

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

**Marianne Freng**

Provider Signature

**02/13/2023**

Date

**Sarah Deakins**

Inspector Signature

**02/13/2023**

Date