

Family Day Care Inspection Compliance Plan

Provider's Name: **Stephanie Skyberg**

City: **Madison**

Provider Number: **010605210**

Inspector: **Patrick Waltman**

Date of Inspection: **10/13/2023**

Time of Inspection: **9:17 AM**

Provider was found to be in full compliance

Stephanie Skyberg

Provider Signature

10/13/2023

Date

Patrick Waltman

Inspector Signature

10/13/2023

Date