Family Day Care Inspection
Compliance Plan

Provider's Name:	**Melissa Larson**	City:	**Warner**	Provider Number:	**011102360**
Inspector:	**Julie Hermansen**	Date of Inspection:	**05/19/2023**	Time of Inspection:	**11:18 AM**

Provider was found to be in full compliance

Melissa Larson	**05/19/2023**	**Julie Hermansen**	**05/19/2023**
Provider Signature	Date	Inspector Signature	Date