

# Family Day Care Inspection Compliance Plan

Provider's Name: **Rosemary Menning**

City: **Mitchell**

Provider Number: **011509518**

Inspector: **Josh Engquist**

Date of Inspection: **12/06/2022**

Time of Inspection: **12:01 PM**

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

**Rosemary Menning**

Provider Signature

**12/06/2022**

Date

**Josh Engquist**

Inspector Signature

**12/06/2022**

Date