

Family Day Care Inspection Compliance Plan

Provider's Name: **Rosemary Menning**

City: **Mitchell**

Provider Number: **011509518**

Inspector: **Sarah Deakins**

Date of Inspection: **11/26/2024**

Time of Inspection: **9:28 AM**

Provider was found to be in full compliance

Rosemary Menning

Provider Signature

11/26/2024

Date

Sarah Deakins

Inspector Signature

11/26/2024

Date