

Family Day Care Inspection Compliance Plan

Provider's Name: **Rosemary Menning**

City: **Mitchell**

Provider Number: **011509518**

Inspector: **Carrie Lewis**

Date of Inspection: **11/03/2023**

Time of Inspection: **8:10 AM**

Provider was found to be in full compliance

Rosemary Menning

Provider Signature

11/03/2023

Date

Carrie Lewis

Inspector Signature

11/03/2023

Date