

# Family Day Care Inspection Compliance Plan

Provider's Name: **Faith Handegard**

City: **Madison**

Provider Number: **011517234**

Inspector: **Ambuer Jaacks**

Date of Inspection: **01/23/2023**

Time of Inspection: **10:40 AM**

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

**Faith Handegard**

Provider Signature

**01/23/2023**

Date

**Ambuer Jaacks**

Inspector Signature

**01/23/2023**

Date