

# Family Day Care Inspection Compliance Plan

Provider's Name: **Ashley Collins**

City: **Brookings**

Provider Number: **011517503**

Inspector: **Charles Schmidt**

Date of Inspection: **09/30/2024**

Time of Inspection: **12:32 PM**

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

**Ashley Collins**

Provider Signature

**09/30/2024**

Date

**Charles Schmidt**

Inspector Signature

**09/30/2024**

Date