

# Family Day Care Inspection Compliance Plan

Provider's Name: **Megan Wentz**

City: **Watertown**

Provider Number: **011517632**

Inspector: **Ambuer Jaacks**

Date of Inspection: **10/26/2023**

Time of Inspection: **12:52 PM**

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

**Megan Wentz**

Provider Signature

**10/26/2023**

Date

**Ambuer Jaacks**

Inspector Signature

**10/26/2023**

Date