

Family Day Care Inspection Compliance Plan

Provider's Name: **Michelle Tronvold**

City: **Yankton**

Provider Number: **014508287**

Inspector: **Deb Bigge**

Date of Inspection: **01/26/2023**

Time of Inspection: **9:37 AM**

Provider was found to be in full compliance

Michelle Tronvold

Provider Signature

01/26/2023

Date

Deb Bigge

Inspector Signature

01/26/2023

Date