

# Family Day Care Inspection Compliance Plan

Provider's Name: **Michelle Tronvold**

City: **Yankton**

Provider Number: **014508287**

Inspector: **Stacy Wildermuth**

Date of Inspection: **11/15/2024**

Time of Inspection: **10:00 AM**

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

**Michelle Tronvold**

Provider Signature

**11/15/2024**

Date

**Stacy Wildermuth**

Inspector Signature

**11/15/2024**

Date