

# Family Day Care New Location Monitoring Checklist Compliance Plan

Provider's Name: **Angela Moon**

City: **Mitchell**

Provider Number: **014511422**

Inspector: **Sarah Deakins**

Date of Inspection: **12/02/2024**

Time of Inspection: **4:03 PM**

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

**Angela Moon**

Provider Signature

**12/02/2024**

Date

**Sarah Deakins**

Inspector Signature

**12/02/2024**

Date