

# Family Day Care Inspection Compliance Plan

Provider's Name: **Laura Picek**

City: **Mitchell**

Provider Number: **014511746**

Inspector: **Josh Engquist**

Date of Inspection: **11/14/2022**

Time of Inspection: **12:36 PM**

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

**Laura Picek**

Provider Signature

**11/14/2022**

Date

**Josh Engquist**

Inspector Signature

**11/14/2022**

Date