

Family Day Care Inspection Compliance Plan

Provider's Name: **Samantha Menning**

City: **Mitchell**

Provider Number: **014511918**

Inspector: **Renee Strong**

Date of Inspection: **08/14/2024**

Time of Inspection: **8:50 AM**

Provider was found to be in full compliance

Samantha Menning

Provider Signature

08/14/2024

Date

Renee Strong

Inspector Signature

08/14/2024

Date