

Family Day Care Inspection Compliance Plan

Provider's Name: **Chris Thier**

City: **Brandon**

Provider Number: **018042089**

Inspector: **Brooke Flemmer**

Date of Inspection: **02/21/2023**

Time of Inspection: **9:07 AM**

Provider was found to be in full compliance

Christina Thier

Provider Signature

02/22/2023

Date

Brooke Flemmer

Inspector Signature

02/22/2023

Date