

# Family Day Care Inspection Compliance Plan

Provider's Name: **Stephanie Ibach**

City: **Brandon**

Provider Number: **018042586**

Inspector: **Patrick Waltman**

Date of Inspection: **02/23/2024**

Time of Inspection: **3:01 PM**

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

**Stephanie Ibach**

Provider Signature

**02/23/2024**

Date

**Patrick Waltman**

Inspector Signature

**02/23/2024**

Date