

Provider required to post this report.

Family Day Care Inspection Compliance Plan

Provider's Name: **Jodi Hofer**

City: **Mitchell**

Provider Number: **010291419**

Inspector: **Sarah Deakins**

Date of Inspection: **12/18/2024**

Time of Inspection: **3:22 PM**

Provider was found to be in full compliance



Provider Signature

Jodi Hofer

Name

12/18/2024

Date



Inspector Signature

Sarah Deakins

Name

12/18/2024

Date