

**Facility Safety Inspection  
Fire & Life Safety / Environmental Health  
Licensed Day Care Programs  
Compliance Plan**

Provider's Name: **Children's Care Corner**

City: **Howard**

Provider Number: **010605880**

Inspector: **Charles Anderson**

Date of Inspection: **03/14/2018**

Time of Inspection: **3:43 PM**

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

**Lea**  
\_\_\_\_\_  
Provider Signature

**03/14/2018**  
\_\_\_\_\_  
Date

**Charles Anderson**  
\_\_\_\_\_  
Inspector Signature

**03/14/2018**  
\_\_\_\_\_  
Date