

# Family Day Care Inspection Compliance Plan

Provider's Name: **Hallie Konst**

City: **Philip**

Provider Number: **010611274**

Inspector: **Becky Hurst**

Date of Inspection: **08/23/2018**

Time of Inspection: **2:09 PM**

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

**Hallie Konst**

Provider Signature

**08/23/2018**

Date

**Becky Hurst**

Inspector Signature

**08/23/2018**

Date