

Family Day Care Inspection Compliance Plan

Provider's Name: **Kristi Tieman**

City: **Madison**

Provider Number: **011507040**

Inspector: **Kelly Gnat**

Date of Inspection: **11/03/2020**

Time of Inspection: **1:06 PM**

Provider was found to be in full compliance

Kristi Tieman

Provider Signature

11/03/2020

Date

Kelly Gnat

Inspector Signature

11/03/2020

Date