

# Family Day Care Inspection Compliance Plan

Provider's Name: **Kristina Sides-Coss**

City: **Huron**

Provider Number: **011515397**

Inspector: **Kelly Gnat**

Date of Inspection: **03/28/2019**

Time of Inspection: **3:15 PM**

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

**Kristina Sides-Coss**

Provider Signature

**03/28/2019**

Date

**Kelly Gnat**

Inspector Signature

**03/28/2019**

Date