

Family Day Care Inspection Compliance Plan

Provider's Name: **Kristina Coss**

City: **Huron**

Provider Number: **011515397**

Inspector: **Deb Bigge**

Date of Inspection: **02/05/2020**

Time of Inspection: **10:11 AM**

Provider was found to be in full compliance

Kristina Coss

Provider Signature

02/05/2020

Date

Deb Bigge

Inspector Signature

02/05/2020

Date