Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name:	**Children's Care Corner**	City:	**Howard**	Provider Number:	**010605880**
Inspector:	**Neal Cruse**	Date of Inspection:	**06/06/2023**	Time of Inspection:	**11:53 AM**

Provider was found to be in full compliance

Christa Coulter	**06/06/2023**	**Neal Cruse**	**06/06/2023**
Provider Signature	Date	Inspector Signature	Date