

Family Day Care Inspection Compliance Plan

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

City: **Huron**

Provider Number: **011515397**

Inspector: **Neal Cruse**

Date of Inspection: **09/26/2023**

Time of Inspection: **9:58 AM**

Provider was found to be in full compliance

Kristina Coss

Provider Signature

09/26/2023

Date

Neal Cruse

Inspector Signature

09/26/2023

Date