

Family Day Care Inspection Compliance Plan

Provider's Name: **KristinaSides-Coss**

City: **Huron**

Provider Number: **011515397**

Inspector: **Neal Cruse**

Date of Inspection: **01/09/2024**

Time of Inspection: **9:20 AM**

Provider was found to be in full compliance

Kristina Sides-Coss

Provider Signature

01/09/2024

Date

Neal Cruse

Inspector Signature

01/09/2024

Date