

Family Day Care Inspection Compliance Plan

Provider's Name: **Toni Glass**

City: **Redfield**

Provider Number: **013009593**

Inspector: **Eric Janke**

Date of Inspection: **10/26/2022**

Time of Inspection: **12:49 PM**

Provider was found to be in full compliance

Toni Glass

Provider Signature

10/26/2022

Date

Eric Janke

Inspector Signature

10/26/2022

Date