

Family Day Care Inspection Compliance Plan

Provider's Name: **Toni Glass**

City: **Redfield**

Provider Number: **013009593**

Inspector: **Julie Hermansen**

Date of Inspection: **04/19/2023**

Time of Inspection: **11:20 AM**

Provider was found to be in full compliance

Toni Glass

Provider Signature

04/19/2023

Date

Julie Hermansen

Inspector Signature

04/19/2023

Date