

Family Day Care Inspection Compliance Plan

Provider's Name: **Toni Glass**

City: **Redfield**

Provider Number: **013009593**

Inspector: **Neal Cruse**

Date of Inspection: **03/01/2024**

Time of Inspection: **9:06 AM**

Provider was found to be in full compliance

Toni Glass

Provider Signature

03/01/2024

Date

Neal Cruse

Inspector Signature

03/01/2024

Date