

Family Day Care Inspection Compliance Plan

Provider's Name: **Sarah Flatten**

City: **Colman**

Provider Number: **011516888**

Inspector: **Kelly Gnat**

Date of Inspection: **11/03/2020**

Time of Inspection: **11:41 AM**

Provider was found to be in full compliance

Sarah Flatten

Provider Signature

11/03/2020

Date

Kelly Gnat

Inspector Signature

11/03/2020

Date