

# Family Day Care Inspection Compliance Plan

Provider's Name: **Carol Howard**

City: **Watertown**

Provider Number: **017503532**

Inspector: **Kelly Gnat**

Date of Inspection: **08/12/2020**

Time of Inspection: **10:21 AM**

**Provider was found to be in full compliance**

**Carol Howard**

Provider Signature

**08/12/2020**

Date

**Kelly Gnat**

Inspector Signature

**08/12/2020**

Date