

Family Day Care Inspection Compliance Plan

Provider's Name: **Kellie Cole**

City: **Hermosa**

Provider Number: **010603750**

Inspector: **Tina Uecker**

Date of Inspection: **11/06/2020**

Time of Inspection: **10:36 AM**

Provider was found to be in full compliance

Kellie Cole

Provider Signature

11/06/2020

Date

Tina Uecker

Inspector Signature

11/06/2020

Date