

Family Day Care Inspection Compliance Plan

Provider's Name: **Kally Wilson**

City: **Burke**

Provider Number: **010611391**

Inspector: **Russ Lauritsen**

Date of Inspection: **09/19/2019**

Time of Inspection: **1:40 PM**

Provider was found to be in full compliance

Kally Wilson

Provider Signature

09/19/2019

Date

Russ Lauritsen

Inspector Signature

09/19/2019

Date