

Family Day Care Inspection Compliance Plan

Provider's Name: **Kelly Postma**

City: **Madison**

Provider Number: **010602801**

Inspector: **Rita Trager**

Date of Inspection: **04/21/2020**

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

Provider was found to be in full compliance

Kelly Postma

Provider Signature

04/21/2020

Date

Rita Trager

Inspector Signature

04/21/2020

Date