

Family Day Care Inspection Compliance Plan

Provider's Name: **Cheryl Kampa**

City: **Columbia**

Provider Number: **011008393**

Inspector: **Clint Rux**

Date of Inspection: **08/29/2019**

Time of Inspection: **9:45 AM**

Provider was found to be in full compliance

Cheryl Kampa

Provider Signature

08/29/2019

Date

Clint Rux

Inspector Signature

08/29/2019

Date