

Family Day Care Inspection Compliance Plan

Provider's Name: **Cheryl Kampa**

City: **Columbia**

Provider Number: **011008393**

Inspector: **Julie Hermansen**

Date of Inspection: **08/26/2020**

Time of Inspection: **12:14 PM**

Provider was found to be in full compliance

Cheryl Kampa

Provider Signature

08/26/2020

Date

Julie Hermansen

Inspector Signature

08/26/2020

Date