

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Hermosa Kidstop**

City: **Hermosa**

Provider Number: **016598185**

Inspector: **Tina Uecker**

Date of Inspection: **03/06/2020**

Time of Inspection: **10:00 AM**

**Provider was found to be in full compliance**

**ASHLEY FLUG**

Provider Signature

**03/06/2020**

Date

**Tina Uecker**

Inspector Signature

**03/06/2020**

Date