

# Family Day Care Inspection Compliance Plan

Provider's Name: **Hilary Cypher**

City: **Colton**

Provider Number: **018042285**

Inspector: **Charles Schmidt**

Date of Inspection: **08/06/2018**

Time of Inspection: **1:52 PM**

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

**Hilary Cypher**

Provider Signature

**08/06/2018**

Date

**Charles Schmidt**

Inspector Signature

**08/06/2018**

Date