Family Day Care New Location Monitoring Checklist
Compliance Plan

Provider's Name:	**Kelly Fargher**	City:	**Eureka**	Provider Number:	**011102519**
Inspector:	**Julie Hermansen**	Date of Inspection:	**06/28/2023**	Time of Inspection:	**4:01 PM**

Provider was found to be in full compliance

Kelly Fargher	**06/28/2023**	**Julie Hermansen**	**06/28/2023**
Provider Signature	Date	Inspector Signature	Date