

Family Day Care Inspection Compliance Plan

Provider's Name: **Ramona Adams**

City: **Newell**

Provider Number: **016536154**

Inspector: **Andrea Neff**

Date of Inspection: **10/13/2022**

Time of Inspection: **9:00 AM**

Provider was found to be in full compliance

Ramona Adams

Provider Signature

10/14/2022

Date

Andrea Neff

Inspector Signature

10/14/2022

Date