Program Inspection
Compliance Plan

Provider's Name:	**Kidstop - Hermosa**	City:	**Hermosa**	Provider Number:	**016598185**
Inspector:	**Tina Uecker**	Date of Inspection:	**08/26/2024**	Time of Inspection:	**3:00 PM**

Provider was found to be in full compliance

SARAH BRUCE	**08/29/2024**	**Tina Uecker**	**08/29/2024**
Provider Signature	Date	Inspector Signature	Date