Family Day Care Inspection
Compliance Plan

Provider's Name:	**Hilary Cypher**	City:	**Colton**	Provider Number:	**018042285**
Inspector:	**Todd Lowe**	Date of Inspection:	**10/26/2022**	Time of Inspection:	**11:09 AM**

Provider was found to be in full compliance

HILARY CYPHER	**10/26/2022**	**Todd Lowe**	**10/26/2022**
Provider Signature	Date	Inspector Signature	Date