

Family Day Care Inspection Compliance Plan

Provider's Name: **Susan Kelley**

City: **Brookings**

Provider Number: **011511027**

Inspector: **Charles Schmidt**

Date of Inspection: **07/30/2018**

Time of Inspection: **9:55 AM**

Provider was found to be in full compliance

Susan Kelley

Provider Signature

07/30/2018

Date

Charles Schmidt

Inspector Signature

07/30/2018

Date