

Family Day Care Inspection Compliance Plan

Provider's Name: **Lonna Kippes**

City: **Marion**

Provider Number: **014508933**

Inspector: **Dwight Johnson**

Date of Inspection: **10/05/2020**

Time of Inspection: **9:45 AM**

Provider was found to be in full compliance

Lonna Kippes

Provider Signature

10/05/2020

Date

Dwight Johnson

Inspector Signature

10/05/2020

Date