Family Day Care Inspection
Compliance Plan

Provider's Name:	**KELLIE KEEGAN**	City:	**Hermosa**	Provider Number:	**010603750**
Inspector:	**Meredith Schrier**	Date of Inspection:	**02/14/2024**	Time of Inspection:	**12:23 PM**

Provider was found to be in full compliance

KELLIE KEEGAN	**02/14/2024**	**Meredith Schrier**	**02/14/2024**
Provider Signature	Date	Inspector Signature	Date