

# Family Day Care Inspection Compliance Plan

Provider's Name: **Kay Shippy**

City: **Winner**

Provider Number: **010606814**

Inspector: **Russ Lauritsen**

Date of Inspection: **12/11/2024**

Time of Inspection: **12:45 PM**

**Provider was found to be in full compliance**

**Kay Shippy**

Provider Signature

**12/11/2024**

Date

**Russ Lauritsen**

Inspector Signature

**12/11/2024**

Date