

# Program Inspection Compliance Plan

Provider's Name: **Kingdom Kids Learning Center** City: **Huron**

Provider Number: **014511974**

Inspector: **Sarah Deakins** Date of Inspection: **02/13/2023**

Time of Inspection: **1:42 PM**

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

**Kelly Wipf**

Provider Signature

**02/13/2023**

Date

**Sarah Deakins**

Inspector Signature

**02/13/2023**

Date