

Family Day Care Inspection Compliance Plan

Provider's Name: **Kelli Fixsen**

City: **Brookings**

Provider Number: **011515555**

Inspector: **Kelly Gnat**

Date of Inspection: **11/27/2018**

Time of Inspection: **11:42 AM**

Provider was found to be in full compliance

Kelli Fixsen

Provider Signature

11/27/2018

Date

Kelly Gnat

Inspector Signature

11/27/2018

Date