

# Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Children First**

City: **Spearfish**

Provider Number: **016598451**

Inspector: **Tina Uecker**

Date of Inspection: **06/22/2020**

Time of Inspection: **11:05 AM**

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

**MELISSA RAAD**

Provider Signature

**06/22/2020**

Date

**Tina Uecker**

Inspector Signature

**06/22/2020**

Date