

# Program Inspection Compliance Plan

Provider's Name: **Rolf's Lil Rascals 2**

City: **Winner**

Provider Number: **014512599**

Inspector: **Sarah Deakins**

Date of Inspection: **03/13/2024**

Time of Inspection: **3:27 PM**

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

**Carrie Rolf**

Provider Signature

**03/13/2024**

Date

**Sarah Deakins**

Inspector Signature

**03/13/2024**

Date