

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Kidstop - Black Hawk**

City: **Black Hawk**

Provider Number: **016531196**

Inspector: **Andrea Neff**

Date of Inspection: **03/29/2023**

Time of Inspection: **3:00 PM**

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

**Samantha Moore**

Provider Signature

**03/29/2023**

Date

**Andrea Neff**

Inspector Signature

**03/29/2023**

Date