

# Program Inspection Compliance Plan

Provider's Name: **Horizon Point Child  
Development Center**

City: **Rapid City**

Provider Number: **016597760**

Inspector: **Tina Uecker**

Date of Inspection: **04/29/2024**

Time of Inspection: **10:00 AM**

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

**Sarah Truett**

Provider Signature

**04/29/2024**

Date

**Tina Uecker**

Inspector Signature

**04/29/2024**

Date