

# Program Inspection Compliance Plan

Provider's Name: **Willow Creek Child Care**

City: **Custer**

Provider Number: **016597792**

Inspector: **Tina Uecker**

Date of Inspection: **11/07/2023**

Time of Inspection: **12:00 PM**

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

**Trenna Cooper**

Provider Signature

**12/11/2023**

Date

**Tina Uecker**

Inspector Signature

**12/11/2023**

Date