

# Program Inspection Licensed Day Care Programs Compliance Plan

Provider's Name: **Imagination Station Daycare**

City: **Black Hawk**

Provider Number: **016597811**

Inspector: **Andrea Neff**

Date of Inspection: **03/20/2023**

Time of Inspection: **10:08 AM**

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

**Leslie Rodriguez**

Provider Signature

**03/20/2023**

Date

**Andrea Neff**

Inspector Signature

**03/20/2023**

Date