

# Program Inspection Compliance Plan

Provider's Name: **KIDSTOP - EDGEMONT**

City: **Edgemont**

Provider Number: **016598184**

Inspector: **Tina Uecker**

Date of Inspection: **05/10/2024**

Time of Inspection: **4:30 PM**

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

**Kelsey Trotter**

Provider Signature

**05/13/2024**

Date

**Tina Uecker**

Inspector Signature

**05/13/2024**

Date