

Program Inspection Compliance Plan

Provider's Name: **Banana Bunch CLC 2**

City: **Rapid City**

Provider Number: **016598239**

Inspector: **Andrea Neff**

Date of Inspection: **03/15/2023**

Time of Inspection: **9:45 AM**

Provider was found to be in full compliance

Pam Ramp

Provider Signature

03/15/2023

Date

Andrea Neff

Inspector Signature

03/15/2023

Date