

Program Inspection Compliance Plan

Provider's Name: **CHILDREN FIRST**

City: **Spearfish**

Provider Number: **016598451**

Inspector: **Tina Uecker**

Date of Inspection: **04/25/2024**

Time of Inspection: **2:00 PM**

Provider was found to be in full compliance

Melissa Raad

Provider Signature

04/26/2024

Date

Tina Uecker

Inspector Signature

04/26/2024

Date