

# Program Inspection Compliance Plan

Provider's Name: **T.A.S.K Legacy**

City: **Tea**

Provider Number: **010606138**

Inspector: **Teri Pieters**

Date of Inspection: **07/16/2024**

Time of Inspection: **11:15 AM**

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

**Vickie TerHark**

Provider Signature

**07/16/2024**

Date

**Teri Pieters**

Inspector Signature

**07/16/2024**

Date