Program Inspection
Compliance Plan

Provider's Name:	**DASH**	City:	**Toronto**	Provider Number:	**011517579**
Inspector:	**Ambuer Jaacks**	Date of Inspection:	**03/19/2024**	Time of Inspection:	**3:31 PM**

Provider was found to be in full compliance

Jeannette Maxfield	**03/19/2024**	**Ambuer Jaacks**	**03/19/2024**
Provider Signature	Date	Inspector Signature	Date