Program Inspection
Compliance Plan

Provider's Name:	**White Lake Afterschool Progam**	City:	**White Lake**	Provider Number:	**014510712**
Inspector:	**Sarah Deakins**	Date of Inspection:	**10/11/2023**	Time of Inspection:	**3:52 PM**

Provider was found to be in full compliance

Jessica Podzimek	**10/11/2023**	**Sarah Deakins**	**10/11/2023**
Provider Signature	Date	Inspector Signature	Date