

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Holy Trinity Catholic School  
OST**

City: **Huron**

Provider Number: **014511218**

Inspector: **Sarah Deakins**

Date of Inspection: **03/01/2023**

Time of Inspection: **3:04 PM**

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

**Michelle Schoenfelder**

Provider Signature

**03/03/2023**

Date

**Sarah Deakins**

Inspector Signature

**03/03/2023**

Date