

Program Inspection Compliance Plan

Provider's Name: **Burke Afterschool Program**

City: **Burke**

Provider Number: **014512624**

Inspector: **Sarah Deakins**

Date of Inspection: **08/23/2024**

Time of Inspection: **12:40 PM**

Provider was found to be in full compliance

Laurie Pistaulka

Provider Signature

08/26/2024

Date

Sarah Deakins

Inspector Signature

08/26/2024

Date