Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name:	**WASP- WALL AFTER SCHOOL PROGRAM**	City:	**Wall**	Provider Number:	**016598670**
Inspector:	**Meredith Schrier**	Date of Inspection:	**11/25/2024**	Time of Inspection:	**1:47 PM**

Provider was found to be in full compliance

JENNIFER JOHNSON	**11/25/2024**	**Meredith Schrier**	**11/25/2024**
Provider Signature	Date	Inspector Signature	Date