Program Inspection
Compliance Plan

Provider's Name:	**T.A.S.K. Frontier**	City:	**Tea**	Provider Number:	**018042782**
Inspector:	**Teri Pieters**	Date of Inspection:	**09/14/2023**	Time of Inspection:	**9:34 AM**

Provider was found to be in full compliance

Vickie Terhark	**10/03/2023**	**Teri Pieters**	**10/03/2023**
Provider Signature	Date	Inspector Signature	Date