

Program Inspection Compliance Plan

Provider's Name: **T.A.S.K. Frontier**

City: **Tea**

Provider Number: **018042782**

Inspector: **Teri Pieters**

Date of Inspection: **07/16/2024**

Time of Inspection: **12:16 PM**

Provider was found to be in full compliance

Vickie TerHark

Provider Signature

07/16/2024

Date

Teri Pieters

Inspector Signature

07/16/2024

Date