

# Program Inspection Compliance Plan

Provider's Name: **T.A.S.K. Venture Elementary**

City: **Tea**

Provider Number: **018042972**

Inspector: **Teri Pieters**

Date of Inspection: **09/14/2023**

Time of Inspection: **9:20 AM**

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

**Vickie TerHark**

Provider Signature

**10/13/2023**

Date

**Teri Pieters**

Inspector Signature

**10/13/2023**

Date