

Program Inspection Compliance Plan

Provider's Name: **Andes Central After School
Program**

City: **Lake Andes**

Provider Number: **019525353**

Inspector: **Deb Bigge**

Date of Inspection: **10/18/2023**

Time of Inspection: **3:48 PM**

Provider was found to be in full compliance

Judith Naatz

Provider Signature

10/18/2023

Date

Deb Bigge

Inspector Signature

10/18/2023

Date