

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Holy Trinity Catholic School**

City: **Huron**

Provider Number: **014511218**

Inspector: **Deb Bigge**

Date of Inspection: **09/24/2020**

Time of Inspection: **4:02 PM**

Provider was found to be in full compliance

Crystal Friedrichsen

Provider Signature

09/24/2020

Date

Deb Bigge

Inspector Signature

09/24/2020

Date