

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Summit 21st CEC**

City: **Summit**

Provider Number: **011102468**

Inspector: **Julie Hermansen**

Date of Inspection: **07/24/2018**

Time of Inspection: **12:24 PM**

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

**Dawn Johnson**

Provider Signature

**07/24/2018**

Date

**Julie Hermansen**

Inspector Signature

**07/24/2018**

Date