

# Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **First Lutheran Child Learning  
Center**

City: **Mitchell**

Provider Number: **000097050**

Inspector: **Josh Engquist**

Date of Inspection: **05/10/2022**

Time of Inspection: **3:19 PM**

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

**Lynne**

\_\_\_\_\_  
Provider Signature

**05/10/2022**

\_\_\_\_\_  
Date

**Josh Engquist**

\_\_\_\_\_  
Inspector Signature

**05/10/2022**

\_\_\_\_\_  
Date