Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name:	**Gregory Community Center**	City:	**Gregory**	Provider Number:	**000097051**
Inspector:	**Renee Strong**	Date of Inspection:	**02/21/2024**	Time of Inspection:	**11:11 AM**

Provider was found to be in full compliance

Katie Kalenda	**02/21/2024**	**Renee Strong**	**02/21/2024**
Provider Signature	Date	Inspector Signature	Date