

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

Provider's Name: **White Lake Community  
DayCare**

City: **White Lake**

Provider Number: **014511889**

Inspector: **Russ Lauritsen**

Date of Inspection: **10/24/2024**

Time of Inspection: **11:47 AM**

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

**Brooklynn Kieffer**

Provider Signature

**10/24/2024**

Date

**Russ Lauritsen**

Inspector Signature

**10/24/2024**

Date