

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

Provider's Name: **St. John Paul II Childcare  
Center**

City: **Mitchell**

Provider Number: **014512311**

Inspector: **Carrie Lewis**

Date of Inspection: **10/19/2023**

Time of Inspection: **10:38 AM**

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

**LISA HAGERTY**

Provider Signature

**10/19/2023**

Date

**Carrie Lewis**

Inspector Signature

**10/19/2023**

Date