

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

Provider's Name: **Andes Central After School  
Program**

City: **Lake Andes**

Provider Number: **019525353**

Inspector: **Renee Strong**

Date of Inspection: **10/23/2023**

Time of Inspection: **4:20 PM**

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

**Judy Naatz**

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

**10/23/2023**

\_\_\_\_\_  
Date

**Renee Strong**

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

**10/23/2023**

\_\_\_\_\_  
Date