

**Facility Safety Inspection  
Fire & Life Safety / Environmental Health  
Licensed Day Care Programs  
Compliance Plan**

Provider's Name: **John Paul II Child Care Center**      City: **Mitchell**

Provider Number: **014512311**

Inspector: **Jennifer  
Preuninger**

Date of Inspection: **09/24/2019**

Time of Inspection: **9:21 AM**

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

**Robin**

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

**09/24/2019**

\_\_\_\_\_  
Date

**Jennifer Preuninger**

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

**09/24/2019**

\_\_\_\_\_  
Date