

**Facility Safety Inspection  
Fire & Life Safety / Environmental Health  
Before & After School Center - School Location  
Compliance Plan**

Provider's Name: **EmBe Gertie Belle Rogers**

City: **Mitchell**

Provider Number: **014512427**

Inspector: **Carrie Lewis**

Date of Inspection: **10/19/2020**

Time of Inspection: **3:00 PM**

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

**Vanessa**

Provider Signature

**10/19/2020**

Date

**Carrie Lewis**

Inspector Signature

**10/19/2020**

Date