

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

Provider's Name: **Kidstop - Wilson**

City: **Rapid City**

Provider Number: **016536521**

Inspector: **Ann Marie Sailer**

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

Time of Inspection: **12:05 PM**

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

**Alisa**

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

**10/19/2020**

\_\_\_\_\_  
Date

**Ann Marie Sailer**

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

**10/19/2020**

\_\_\_\_\_  
Date