

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

Provider's Name: **EmBe--Longfellow Afterschool**      City: **Mitchell**

Provider Number: **014512426**

Inspector: **Carrie Lewis**      Date of Inspection: **10/20/2020**

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

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

**Ryan**  
\_\_\_\_\_  
Provider Signature

**10/20/2020**  
\_\_\_\_\_  
Date

**Carrie Lewis**  
\_\_\_\_\_  
Inspector Signature

**10/20/2020**  
\_\_\_\_\_  
Date