Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name:	**Sioux Valley - BASE**	City:	**Volga**	Provider Number:	**010501748**
Inspector:	**Charles Schmidt**	Date of Inspection:	**10/15/2024**	Time of Inspection:	**3:42 PM**

Provider was found to be in full compliance

Nikki	**10/15/2024**	**Charles Schmidt**	**10/15/2024**
Provider Signature	Date	Inspector Signature	Date