

# Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **Storytime Preschool & Child  
Care**

City: **North Sioux City**

Provider Number: **010604217**

Inspector: **Stacy Wildermuth**

Date of Inspection: **05/29/2024**

Time of Inspection: **10:13 AM**

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

**Kayla**

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

**05/29/2024**

\_\_\_\_\_  
Date

**Stacy Wildermuth**

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

**05/29/2024**

\_\_\_\_\_  
Date