

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

Provider's Name: **CubsLEAP OST**

City: **Chamberlain**

Provider Number: **010605401**

Inspector: **Russ Lauritsen**

Date of Inspection: **10/29/2024**

Time of Inspection: **3:34 PM**

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

**Linda Todd**

Provider Signature

**10/29/2024**

Date

**Russ Lauritsen**

Inspector Signature

**10/29/2024**

Date