Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name:	**Wolsey-Wessington OST Program**	City:	**Wolsey**	Provider Number:	**014510634**
Inspector:	**Neal Cruse**	Date of Inspection:	**10/18/2023**	Time of Inspection:	**4:00 PM**

Provider was found to be in full compliance

Lacey Zerfoss	**10/18/2023**	**Neal Cruse**	**10/18/2023**
Provider Signature	Date	Inspector Signature	Date