

Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **Children's House Montessori** City: **Rapid City**

Provider Number: **016597783**

Inspector: **Ann Marie Sailer** Date of Inspection: **02/08/2024**

Time of Inspection: **12:05 PM**

Provider was found to be in full compliance

Michelle Kagarmanov

Provider Signature

02/08/2024

Date

Ann Marie Sailer

Inspector Signature

02/08/2024

Date