

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

Provider's Name: **Jumpstart YMCA**

City: **Rapid City**

Provider Number: **016598431**

Inspector: **Ann Marie Sailer**

Date of Inspection: **01/12/2023**

Time of Inspection: **1:48 PM**

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

**Sheridan Marugg**

Provider Signature

**01/12/2023**

Date

**Ann Marie Sailer**

Inspector Signature

**01/12/2023**

Date