

# 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: **10/22/2024**

Time of Inspection: **9:57 AM**

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

**Bree Rowan**

Provider Signature

**10/22/2024**

Date

**Ann Marie Sailer**

Inspector Signature

**10/22/2024**

Date