

Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **PEACE C.A.R.E.**

City: **Sioux Falls**

Provider Number: **018037458**

Inspector: **Todd Lowe**

Date of Inspection: **02/16/2023**

Time of Inspection: **10:10 AM**

Provider was found to be in full compliance

Tara Foley

Provider Signature

02/16/2023

Date

Todd Lowe

Inspector Signature

02/16/2023

Date