Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name:	**St. Michael School**	City:	**Sioux Falls**	Provider Number:	**018041884**
Inspector:	**Todd Lowe**	Date of Inspection:	**08/28/2024**	Time of Inspection:	**4:02 PM**

Provider was found to be in full compliance

Kelsey Hand	**08/28/2024**	**Todd Lowe**	**08/28/2024**
Provider Signature	Date	Inspector Signature	Date