Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name:	**Holy Spirit School**	City:	**Sioux Falls**	Provider Number:	**018042093**
Inspector:	**Sarah Boese**	Date of Inspection:	**05/10/2024**	Time of Inspection:	**4:14 PM**

Provider was found to be in full compliance

Susan Moe	**05/10/2024**	**Sarah Boese**	**05/10/2024**
Provider Signature	Date	Inspector Signature	Date