Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name:	**Holy Spirit**	City:	**Sioux Falls**	Provider Number:	**018042093**
Inspector:	**Sarah Boese**	Date of Inspection:	**05/03/2023**	Time of Inspection:	**7:37 AM**

Provider was found to be in full compliance

Susan Moe	**05/03/2023**	**Sarah Boese**	**05/03/2023**
Provider Signature	Date	Inspector Signature	Date