Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name:	**St. Mary School**	City:	**Sioux Falls**	Provider Number:	**018042094**
Inspector:	**Sarah Boese**	Date of Inspection:	**12/06/2023**	Time of Inspection:	**3:38 PM**

Provider was found to be in full compliance

Jane Hoffman	**12/06/2023**	**Sarah Boese**	**12/06/2023**
Provider Signature	Date	Inspector Signature	Date