

# Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **KID'S CROSSING DAYCARE  
CENTER**

City: **Sioux Falls**

Provider Number: **018042391**

Inspector: **Todd Lowe**

Date of Inspection: **01/23/2023**

Time of Inspection: **12:37 PM**

**Provider was found to be in full compliance**

**Jen Bauchspiess**

Provider Signature

**01/23/2023**

Date

**Todd Lowe**

Inspector Signature

**01/23/2023**

Date