

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

Provider's Name: **Snicklefritz Prep South**

City: **Harrisburg**

Provider Number: **018042503**

Inspector: **Sarah Boese**

Date of Inspection: **06/28/2023**

Time of Inspection: **2:09 PM**

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

**Karlie Dubro**

Provider Signature

**06/28/2023**

Date

**Sarah Boese**

Inspector Signature

**06/28/2023**

Date