Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name:	**Snicklefritz On Sycamore**	City:	**Sioux Falls**	Provider Number:	**018042559**
Inspector:	**Patrick Waltman**	Date of Inspection:	**01/23/2023**	Time of Inspection:	**1:54 PM**

Provider was found to be in full compliance

Brenda Rogers	**01/23/2023**	**Patrick Waltman**	**01/23/2023**
Provider Signature	Date	Inspector Signature	Date