

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

Provider's Name: **Good Shepherd Early  
Childhood**

City: **Sioux Falls**

Provider Number: **018042612**

Inspector: **Sarah Boese**

Date of Inspection: **03/20/2024**

Time of Inspection: **2:21 PM**

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

**Sharon Dahlberg**

Provider Signature

**03/20/2024**

Date

**Sarah Boese**

Inspector Signature

**03/20/2024**

Date