Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name:	**T.A.S.K. Frontier**	City:	**Sioux Falls**	Provider Number:	**018042782**
Inspector:	**Sarah Boese**	Date of Inspection:	**11/25/2024**	Time of Inspection:	**3:43 PM**

Provider was found to be in full compliance

AlexisFischer	**11/25/2024**	**Sarah Boese**	**11/25/2024**
Provider Signature	Date	Inspector Signature	Date