Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name:	**OSCAR HOWE ELEMENTARY CLC**	City:	**Sioux Falls**	Provider Number:	**018043139**
Inspector:	**Todd Lowe**	Date of Inspection:	**08/23/2023**	Time of Inspection:	**3:23 PM**

Provider was found to be in full compliance

TAYLOR FECHNER	**08/23/2023**	**Todd Lowe**	**08/23/2023**
Provider Signature	Date	Inspector Signature	Date