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

| | | | | | |
|---|---|---|---|---|---|
| Provider's Name: | **Hawthorne Elementary CLC** | City: | **Sioux Falls** | Provider Number: | **018043146** |
| Inspector: | **Todd Lowe** | Date of Inspection: | **08/22/2023** | Time of Inspection: | **3:01 PM** |

## Provider was found to be in full compliance

| | | | |
|---|---|---|---|
| **Saundra Larson** | **08/22/2023** | **Todd Lowe** | **08/22/2023** |
| Provider Signature | Date | Inspector Signature | Date |