

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

Provider's Name: **Laura B Anderson Elementary  
CLC**

City: **Sioux Falls**

Provider Number: **018043150**

Inspector: **Patrick Waltman**

Date of Inspection: **12/06/2024**

Time of Inspection: **10:53 AM**

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

**Kyle Hoffman**

Provider Signature

**12/06/2024**

Date

**Patrick Waltman**

Inspector Signature

**12/06/2024**

Date