



**Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.**

Sarah Clifford

Printed Name of Provider/Agency Contact

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Signature of Provider/Agency Contact

June 04, 2025

Date

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**The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.**

Andrea Neff

Printed Name of DSS Staff

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Signature of DSS Staff:

May 30, 2025

Date

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