

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

Provider's Name: **Youth & Family Services CDC**      City: **Rapid City**

Provider Number: **000097097**

Inspector: **Robert Weig**      Date of Inspection: **01/24/2023**

Time of Inspection: **8:05 AM**

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

**Amanda Moriarty**

Provider Signature

**01/24/2023**

Date

**Robert Weig**

Inspector Signature

**01/24/2023**

Date