

Program Inspection Compliance Plan

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

Provider Number: **000097097**

Inspector: **Andrea Neff** Date of Inspection: **10/25/2023**

Time of Inspection: **9:00 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

Posting Information/ Emergency Preparedness/ Record Keeping/ Provider C. Qualifications

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:	Agency Action:	
SA - Out Of State	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	11/14/2023	12/07/2023
	Status: Corrected	

Amanda Moriarty

Provider Signature

10/31/2023

Date

Andrea Neff

Inspector Signature

10/31/2023

Date