

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

Provider's Name: **Youth & Family Services Child  
Development Center** City: **Rapid City**

Provider Number: **000097097**

Inspector: **Robert Weig** Date of Inspection: **02/27/2024**

Time of Inspection: **8:39 AM**

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

**Melanie Anderson**

Provider Signature

**02/27/2024**

Date

**Robert Weig**

Inspector Signature

**02/27/2024**

Date