

# Program Inspection Compliance Plan

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

Provider Number: **000097097**

Inspector: **Andrea Neff**      Date of Inspection: **09/12/2024**

Time of Inspection: **8:03 AM**

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

**Amanda Moriarty**

Provider Signature

**09/12/2024**

Date

**Andrea Neff**

Inspector Signature

**09/12/2024**

Date