

# Program Inspection Compliance Plan

Provider's Name: **YMCA Youth Development  
Center**

City: **Aberdeen**

Provider Number: **011008567**

Inspector: **Julie Hermansen**

Date of Inspection: **08/24/2022**

Time of Inspection: **12:42 PM**

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

**Gayle Maple**

\_\_\_\_\_  
Provider Signature

**08/24/2022**

\_\_\_\_\_  
Date

**Julie Hermansen**

\_\_\_\_\_  
Inspector Signature

**08/24/2022**

\_\_\_\_\_  
Date