

Program Inspection Compliance Plan

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

City: **Aberdeen**

Provider Number: **011008567**

Inspector: **Julie Hermansen**

Date of Inspection: **12/11/2023**

Time of Inspection: **11:53 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

35. Does each child ' s record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:
MG - Immunization Records	Compliance Plan
	Suggested Completion Date:
	Actual Completion Date:
	12/31/2023
	01/25/2024
	Status: Corrected

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

Corrections To Be Made:

- AB - Orientation Complete
- HB - CPR
- TB - Out Of State, Orientation Complete
- BB - Orientation Complete
- CB - DCI Check
- JE - CPR
- AF - Orientation Complete
- SG - Out Of State
- NH - CPR
- JH - Level II Complete
- CH - Orientation Complete
- RI - Orientation Complete
- AJ - Out Of State, CPR
- KJ - Level II Complete
- AK - Orientation Complete
- RK - Orientation Complete
- HK - CPR, Training
- JK - CPR
- BM - C A/N Report Statement, Orientation Complete, CPR
- AM - CPR
- JM - Orientation Complete
- AM - Orientation Complete
- AR - CPR
- LR - Orientation Complete
- AR - CPR
- JR - Out Of State
- AS - FBI Check, NCIC Check
- WS - Orientation Complete
- JT - Out Of State
- TW - Out Of State
- AY - Five Year Screen, Level II Complete

Agency Action:

Compliance Plan

Suggested Completion Date:	Actual Completion Date:
01/11/2024	02/02/2024

Status: **Corrected**

Tevan Head

Provider Signature

12/11/2023

Date

Julie Hermansen

Inspector Signature

12/11/2023

Date