

Program Inspection Compliance Plan

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

City: **Aberdeen**

Provider Number: **011008567**

Inspector: **Julie Hermansen**

Date of Inspection: **08/22/2024**

Time of Inspection: **12:30 PM**

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

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> JB - DCI Check BB - Orientation Complete BB - Orientation Complete AD - Training AF - DCI Check, Orientation Complete EH - Orientation Complete JH - Level II Complete, Training MI - Level II Complete JJ - Training EK - Orientation Complete KK - Five Year Screen MK - DCI Check JM - Orientation Complete KO - Training SP - Training MP - DCI Check JR - Orientation Complete AR - Training AS - DCI Check JT - Out Of State EW - Training AW - DCI Check 	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">09/22/2024</td> <td style="text-align: center;">10/21/2022</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/22/2024	10/21/2022
Suggested Completion Date:	Actual Completion Date:				
09/22/2024	10/21/2022				

Tevan Head

08/29/2024

Julie Hermansen

08/22/2024

Provider Signature

Date

Inspector Signature

Date