Program Inspection
Compliance Plan

Provider's Name:	**YDC Warner Site**	City:	**Warner**	Provider Number:	**011102534**
Inspector:	**Julie Hermansen**	Date of Inspection:	**12/11/2023**	Time of Inspection:	**12:38 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

C. Posting Information/ Emergency Preparedness/ Record Keeping/ Provider Qualifications

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

Corrections To Be Made:	Agency Action:	
EK - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check **KW - DCI Check**	**Compliance Plan**	
	Suggested Completion Date:	Actual Completion Date:
	12/31/2023	**01/16/2024**
	Status: **Corrected**	

Tevan Head	**12/11/2023**	**Julie Hermansen**	**12/11/2023**
Provider Signature	Date	Inspector Signature	Date