Program Inspection
Compliance Plan

Provider's Name:	**YMCA YDC- Warner Site**	City:	**Warner**	Provider Number:	**011102534**
Inspector:	**Julie Hermansen**	Date of Inspection:	**08/22/2024**	Time of Inspection:	**1:53 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:	
JE - DCI Check	**Letter of Notification**	
	Suggested Completion Date:	Actual Completion Date:
	09/12/2024	**09/11/2024**
	Status: **Corrected**	

Tevan Head	**08/22/2024**	**Julie Hermansen**	**08/22/2024**
Provider Signature	Date	Inspector Signature	Date