

Program Inspection Compliance Plan

Provider's Name: **CUSTER YMCA CHILD
DEVELOPMENT CENTER**

City: **Custer**

Provider Number: **016598760**

Inspector: **Tina Uecker**

Date of Inspection: **08/26/2024**

Time of Inspection: **2:00 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

Corrections To Be Made:	Agency Action:	
AR - CPR	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	09/01/2024	09/04/2024
	Status: Corrected	

Sarah Bruce

Provider Signature

09/17/2024

Date

Tina Uecker

Inspector Signature

09/17/2024

Date