## Program Inspection Licensed Day Care Programs Compliance Plan

| Provider's Name: | YMCA Youth Develo | pment City:         | Aberdeen   | Provider Number:    | 011008567 |
|------------------|-------------------|---------------------|------------|---------------------|-----------|
| Inspector:       | Julie Hermansen   | Date of Inspection: | 09/05/2018 | Time of Inspection: | 10:35 AM  |

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

## G. Record Keeping, Posting Information and Fire & Tornado Drills

40. Are staff records complete? 67:42:10:09 Note: Staff records are to be maintained at the facility for 6 months following the end of employment.

| Corrections To Be Made:   | Agency Action:   |  |
|---|--|--|
| LA - Timely Orientation<br>KB - Timely Orientation<br>DD - Timely Orientation<br>AD - Timely Orientation<br>TD - Timely Orientation<br>BE - Criminal Record Check, Training<br>JF - Training<br>MG - Timely Orientation<br>KG - Timely Orientation<br>JG - Criminal Record Check, Training<br>KG - Central Registry Check<br>RH - Timely Orientation, Training<br>MH - Timely Orientation<br>HK - Timely Orientation<br>AL - Timely Orientation, CPR<br>BL - Timely Orientation | Agency Action:<br>Compliance Plan<br>Suggested<br>Completion<br>Date:<br>10/05/2018<br>Status: Corrected | Actual<br>Completion<br>Date:<br><b>10/12/2018</b> |
| JM - Timely Orientation<br>AM - Timely Orientation<br>SP - Timely Orientation<br>SP - Timely Orientation<br>HR - Timely Orientation<br>MR - Timely Orientation<br>KS - Training<br>KS - Timely Orientation<br>KS - Timely Orientation<br>KS - Timely Orientation<br>KS - Timely Orientation   |  |  |

41. Are children's records complete? 67:42:16:13 Note: Children's records are to be maintained at the facility for 6 months following the date care ceases.

| CA - Immunization Records  | Compliance Pla  | n   |
|--|---|---|
| KB - Emergency Contact<br>ID - Immunization Records<br>RD - Emergency Contact<br>AG - Emergency Contact<br>SH - Immunization Records<br>AJ - Immunization Records<br>SK - Emergency Contact<br>AL - Emergency Contact<br>KL - Emergency Contact<br>KL - Immunization Records<br>AM - Emergency Contact<br>TM - Emergency Contact<br>BN - Emergency Contact<br>EP - Emergency Contact<br>GP - Immunization Records<br>MS - Emergency Contact<br>BS - Emergency Contact<br>BS - Emergency Contact<br>BS - Emergency Contact<br>GT - Immunization Records<br>PW - Emergency Contact | Suggested<br>Completion<br>Date:<br><b>10/05/2018</b><br>Status: <b>Correct</b> | Actual<br>Completion<br>Date:<br>10/12/2018<br>ed |

Provider Signature

09/10/2018

Date

Julie Hermansen Inspector Signature 09/10/2018