

# Program Inspection Compliance Plan

Provider's Name: **Oahe YMCA**

City: **Pierre**

Provider Number: **015500848**

Inspector: **Sarah Deakins**

Date of Inspection: **10/16/2023**

Time of Inspection: **3:15 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:

**AK - Central Registry Check, Sex Offender Registry Check, C A/N Report Statement**  
**LM - CPR**  
**SP - Central Registry Check, Sex Offender Registry Check**  
**AS - CPR, Training**  
**KS - CPR**  
**EW - CPR**  
**JW - C A/N Report Statement**

### Agency Action:

#### Compliance Plan

Suggested Completion Date:	Actual Completion Date:
<b>10/30/2023</b>	<b>12/15/2023</b>

Status: **Corrected**

## F. Insurance

52. Does the program have proof of current liability insurance? 67:42:17:43

### Corrections To Be Made:

**At the time of the inspection, the proof of liability insurance had expired.**  
**The program will have proof of current liability insurance available during inspections.**  
**Verification of current liability insurance has been received.**

### Agency Action:

#### Compliance Plan

Suggested Completion Date:	Actual Completion Date:
<b>10/30/2023</b>	<b>12/05/2023</b>

Status: **Corrected**

53. If transportation is provided, does the program have proof of liability insurance for the vehicle(s) used to transport children? 67:42:17:45

Corrections To Be Made:	Agency Action:	
<b>At the time of the inspection, there was no proof of liability insurance available for any vehicles used for transporting children.</b>	<b>Compliance Plan</b>	
<b>The program will have proof of liability insurance for any vehicles used for transporting children.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Verification of liability insurance for any vehicles used for transporting children was received.</b>	<b>10/30/2023</b>	<b>12/05/2023</b>
	Status: <b>Corrected</b>	

## Miscellaneous Rule Violations

67:42:17:36 - Water Safety

Corrections To Be Made:	Agency Action:	
<b>If an indoor swimming pool is on the premises, it must have an access door that restricts entry.</b>	<b>Compliance Plan</b>	
<b>The program will ensure the access door to the indoor swimming pool restricts entry.</b>	Suggested Completion Date:	Actual Completion Date:
<b>The program requested additional time to install a feature that restricts access to the indoor pool.</b>	<b>07/31/2024</b>	<b>07/16/2024</b>
	Status: <b>Corrected</b>	

Lisa Maunu  
Provider Signature

10/16/2023  
Date

Sarah Deakins  
Inspector Signature

10/16/2023  
Date