

Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **Oahe YMCA**

City: **Pierre**

Provider Number: **015500848**

Inspector: **Chad Wrightson**

Date of Inspection: **07/09/2024**

Time of Inspection: **1:58 PM**

Provider was found to be in full compliance

Lisa Maunu

Provider Signature

07/09/2024

Date

Chad Wrightson

Inspector Signature

07/09/2024

Date