

Program Inspection Compliance Plan

Provider's Name: **Oahe Family YMCA**

City: **Pierre**

Provider Number: **015500848**

Inspector: **Sarah Deakins**

Date of Inspection: **11/07/2024**

Time of Inspection: **2:32 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:

**SP - DCI Check
EW - Training**

Agency Action:

Compliance Plan

Suggested
Completion
Date:

12/05/2024

Actual
Completion
Date:

12/19/2024

Status: **Corrected**

E. Written Procedures

50. Is there a written emergency preparedness and response plan in place which covers all areas required to include: evacuation; relocation; shelter-in-place; lock-down procedures; procedures for communication & reunification with families; continuity of operations; and accommodation of infants & toddlers, children with disabilities and children with chronic medical conditions? 67:42:17:43

Corrections To Be Made:

The program needs a written emergency preparedness and response plan in place for the preschool and after school programs due to the change in category of care and the use of new/different rooms.

The program will have a copy of their emergency preparedness and response plan available during the inspection.

Verification has been received.

Agency Action:

Compliance Plan

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Date:

12/19/2024

Status: **Corrected**

Lisa Maunu

Provider Signature

11/07/2024

Date

Sarah Deakins

Inspector Signature

11/07/2024

Date