

# Program Inspection Compliance Plan

Provider's Name: **Oahe Child Development  
Center**

City: **Pierre**

Provider Number: **015502260**

Inspector: **Deb Bigge**

Date of Inspection: **09/20/2022**

Time of Inspection: **11:59 AM**

**Provider was found to be in full compliance**

**Pat Hoffman**

Provider Signature

**09/20/2022**

Date

**Deb Bigge**

Inspector Signature

**09/20/2022**

Date