

# Program Inspection Compliance Plan

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

City: **Pierre**

Provider Number: **015502260**

Inspector: **Sarah Deakins**

Date of Inspection: **11/01/2023**

Time of Inspection: **12:53 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:

**CK - Out Of State  
KS - Out Of State**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**11/15/2023**

Actual  
Completion  
Date:

**11/06/2023**

Status: **Corrected**

**Sue Glodt**

Provider Signature

**11/01/2023**

Date

**Sarah Deakins**

Inspector Signature

**11/01/2023**

Date