

# Program Inspection Compliance Plan

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

City: **Pierre**

Provider Number: **015502260**

Inspector: **Sarah Deakins**

Date of Inspection: **08/27/2024**

Time of Inspection: **10:37 AM**

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:

**LB - CPR  
CC - CPR  
LF - CPR  
TG - CPR  
LP - CPR  
TW - CPR  
BZ - CPR**

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

**09/10/2024**

Actual  
Completion  
Date:

**09/04/2024**

Status: **Corrected**

**Sue Glodt**

Provider Signature

**09/26/2024**

Date

**Sarah Deakins**

Inspector Signature

**09/26/2024**

Date