

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Oahe YMCA**

City: **Pierre**

Provider Number: **015500848**

Inspector: **Christina Lusk**

Date of Inspection: **05/02/2018**

Time of Inspection: **2:24 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

G. Record Keeping, Posting Information, Fire/Tornado Drills

34. Do staff records contain all required information? 67:42:14:23 Note: staff records are to be maintained for 6 months following the end of employment.

<p>Corrections To Be Made:</p> <p>KG - Criminal Record Check MG - C A/N Report Statement CM - Criminal Record Check AM - Criminal Record Check JS - Central Registry Check, Criminal Record Check BV - Central Registry Check, Criminal Record Check</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">05/21/2018</td> <td style="text-align: center;">05/10/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	05/21/2018	05/10/2018
Suggested Completion Date:	Actual Completion Date:				
05/21/2018	05/10/2018				

Lisa Maunu
Provider Signature

05/02/2018
Date

Christina Lusk
Inspector Signature

05/02/2018
Date