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Date Issued	September 12, 2025	Status	Closed
Provider Name	<u>OWAYAWA CIKALA LAKOTA IMMERSION</u>		
Provider ID	<u>016597872</u>		
Provider Address	<u>292 Empowerment Dr, Porcupine, SD 57772, USA</u>		
Provider Contact	<u>Katie Hunter</u>		

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

### Compliance Plan Action #1

**Administrative Rule:**

67:42:17:32

All walls, ceilings, floors, and equipment must be easily cleanable, kept clean, and in good repair. Heating and cooling systems must maintain a temperature between sixty-five degrees Fahrenheit and seventy-five degrees Fahrenheit. For a child care center and school-age program, all heating and cooling systems must be inspected annually, by a certified technician.

Food preparation areas, including tables and countertops, must be made of a smooth, nonporous material, kept clean and sanitized, be free of cracks, and be in good repair. Center and school-age programs, in which more than twenty children are cared for, must provide a ventilation hood over all cooking areas. The hood must be appropriate for the type of appliance and intended use, as required in § 61:15:01:01.

**Summary of Non-Compliance Finding:**

The program did not have illuminated exit signs that were working.

The fire extinguisher had not been inspected in the last year.

**Corrections to be Made:**

The exit signs must be illuminated and verification that they are working must be sent to the Office of Licensing and Accreditation.

The fire extinguisher must be inspected and verification must be sent to the Office of Licensing and Accreditation.

**Corrections Made:**

The fire extinguisher was inspected and the exit signs were repaired. The program sent in verification of this to the Office of Licensing and Accreditation.

**Anticipated Completion Date:**  
September 12, 2025

**Date Completed:**  
September 23, 2025

**Your signature below certifies you have read and understand the non-compliance findings and agree to make corrections to be compliant with the identified administrative rules.**

Lorna Her Many Horses

Printed Name of Provider/Agency Contact

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Signature of Provider/Agency Contact

September 12, 2025

Date

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**The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.**

Tina Uecker

Printed Name of DSS Staff

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Signature of DSS Staff:

August 28, 2025

Date

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