

**Facility Safety Inspection
Fire & Life Safety / Environmental Health
Licensed Day Care Programs
Compliance Plan**

Provider's Name: **PEJUTA HAKA WAKANYEJA**

City: **Kyle**

Provider Number: **016597790**

Inspector: **Meredith Schrier**

Date of Inspection: **06/27/2023**

Time of Inspection: **2:05 PM**

Provider was found to be in full compliance

SAIGE POURIER

Provider Signature

06/27/2023

Date

Meredith Schrier

Inspector Signature

06/27/2023

Date