

Program Inspection Compliance Plan

Provider's Name: **Pejuta Haka Wakanyeja Center** City: **Kyle**

Provider Number: **016597790**

Inspector: **Tina Uecker** Date of Inspection: **09/12/2023**

Time of Inspection: **9:00 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

<p>Corrections To Be Made:</p> <p>SP - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check</p> <p>XP - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check</p> <p>MT - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check</p> <p>MZ - Central Registry Check, Sex Offender Registry Check, FBI Check, DCI Check, NCIC Check</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Suggested Completion Date:</td> <td style="width: 40%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">10/01/2023</td> <td style="text-align: center;">10/13/2023</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	10/01/2023	10/13/2023
Suggested Completion Date:	Actual Completion Date:				
10/01/2023	10/13/2023				

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Provider Signature

09/15/2023

Date

Tina Uecker

Inspector Signature

09/15/2023

Date