

Program Inspection Compliance Plan

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

City: **Kyle**

Provider Number: **016597790**

Inspector: **Tina Uecker**

Date of Inspection: **08/07/2024**

Time of Inspection: **1:00 PM**

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

35. Does each child ' s record contain all required information? 67:42:17:42

Corrections To Be Made:	Agency Action:	
II - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	09/01/2024	08/09/2024
	Status: Corrected	

39. Do employee records contain all required information? 67:42:17:15

Corrections To Be Made:	Agency Action:	
JP - CPR	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	09/01/2024	08/09/2024
	Status: Corrected	

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Provider Signature

08/27/2024

Date

Tina Uecker

Inspector Signature

08/27/2024

Date