

# Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

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

City: **Kyle**

Provider Number: **016597790**

Inspector: **Meredith Schrier**

Date of Inspection: **08/26/2024**

Time of Inspection: **9:24 AM**

**Provider was found to be in full compliance**

**MONIQUE TWO CROW**

Provider Signature

**08/26/2024**

Date

**Meredith Schrier**

Inspector Signature

**08/26/2024**

Date