

Program Inspection Compliance Plan

Provider's Name: **Makhosica Ptehincala
Okholakichiye - Rockyford
Daycare**

City: **Porcupine**

Provider Number: **016597798**

Inspector: **Andrea Neff**

Date of Inspection: **06/26/2024**

Time of Inspection: **9:01 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

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

Corrections To Be Made:	Agency Action:	
OB - Immunization Records NC - Immunization Records OJE - Immunization Records TJE - Immunization Records	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	07/12/2024	08/15/2024
	Status: Corrected	

Grace Two Eagle

Provider Signature

06/26/2024

Date

Andrea Neff

Inspector Signature

06/26/2024

Date