

Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **Wanbli Cincala TaWahohphi**

City: **Batesland**

Provider Number: **016597799**

Inspector: **Meredith Schrier**

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

Time of Inspection: **1:27 PM**

Provider was found to be in full compliance

Sarah Clifford

Provider Signature

08/26/2024

Date

Meredith Schrier

Inspector Signature

08/26/2024

Date