

**Facility Safety Inspection  
Fire & Life Safety / Environmental Health  
Licensed Day Care Programs  
Compliance Plan**

Provider's Name: **Owayawa Cikala Lakota  
Immersion**

City: **Porcupine**

Provider Number: **016597872**

Inspector: **Ann Marie Sailer**

Date of Inspection: **07/14/2022**

Time of Inspection: **10:30 AM**

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

**Katie Hunter**

Provider Signature

**08/01/2022**

Date

**Ann Marie Sailer**

Inspector Signature

**08/01/2022**

Date