

Program Inspection Compliance Plan

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

City: **Porcupine**

Provider Number: **016597872**

Inspector: **Tina Uecker**

Date of Inspection: **08/29/2023**

Time of Inspection: **9:00 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

<p>Corrections To Be Made:</p> <p>DH - Immunization Records ML - Immunization Records DL - Immunization Records</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">09/15/2023</td> <td style="text-align: center;">10/10/2023</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/15/2023	10/10/2023
Suggested Completion Date:	Actual Completion Date:				
09/15/2023	10/10/2023				

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

<p>Corrections To Be Made:</p> <p>MA - C A/N Report Statement, CPR JC - CPR KH - CPR AW - C A/N Report Statement, CPR, Training</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Suggested Completion Date:</td> <td style="width: 50%;">Actual Completion Date:</td> </tr> <tr> <td style="text-align: center;">09/15/2023</td> <td style="text-align: center;">10/10/2023</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	09/15/2023	10/10/2023
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Katies Hunter

 Provider Signature

10/10/2023

 Date

Tina Uecker

 Inspector Signature

10/10/2023

 Date