

Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **OWAYAWA CIKLALA LAKOTA** City: **Porcupine**
IMMERSION

Provider Number: **016597872**

Inspector: **Meredith Schrier** Date of Inspection: **08/13/2024**

Time of Inspection: **12:51 PM**

Provider was found to be in full compliance

TATYANA PILCHER

Provider Signature

08/13/2024

Date

Meredith Schrier

Inspector Signature

08/13/2024

Date