

Facility Safety Fire & Life Safety / Environmental Health Compliance Plan

Provider's Name: **P.A.W.S Program**

City: **Chamberlain**

Provider Number: **010605401**

Inspector: **Carrie Lewis**

Date of Inspection: **11/07/2023**

Time of Inspection: **3:10 PM**

Provider was found to be in full compliance

Danita Allen

Provider Signature

11/07/2023

Date

Carrie Lewis

Inspector Signature

11/07/2023

Date