

Program Inspection Compliance Plan

Provider's Name: **PAWS Program**

City: **Chamberlain**

Provider Number: **010605401**

Inspector: **Sarah Deakins**

Date of Inspection: **11/14/2023**

Time of Inspection: **3:53 PM**

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

Corrections To Be Made:	Agency Action:	
LG - Emergency Permission KH - Emergency Permission	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	11/29/2023	11/15/2023
	Status: Corrected	

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

Corrections To Be Made:	Agency Action:	
EC - CPR RD - CPR TG - CPR BM - Central Registry Check DM - CPR LO - Level II Complete, CPR, Training AT - CPR CW - Level II Complete, CPR, Training	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	11/29/2023	12/04/2023
	Status: Corrected	

F. Insurance

52. Does the program have proof of current liability insurance? 67:42:17:43

Corrections To Be Made:	Agency Action:	
The program's current certificate of liability insurance on file has expired.	Compliance Plan	
The program will have a copy of their current liability insurance available.	Suggested Completion Date:	Actual Completion Date:
The program provided verification of current liability insurance.	11/29/2023	11/20/2023
	Status: Corrected	

Linda Todd

Provider Signature

11/14/2023

Date

Sarah Deakins

Inspector Signature

11/14/2023

Date