

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **P.A.W.S. Program (The Cub Club)**

City: **Chamberlain**

Provider Number: **010605401**

Inspector: **Christina Lusk**

Date of Inspection: **04/04/2018**

Time of Inspection: **3:12 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

G. Record Keeping, Posting Information, Fire/Tornado Drills

34. Do staff records contain all required information? 67:42:14:23 Note: staff records are to be maintained for 6 months following the end of employment.

<p>Corrections To Be Made:</p> <p>RF - Central Registry Check, Criminal Record Check MM - Criminal Record Check</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;">04/23/2018</td> <td style="text-align: center;">06/07/2018</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	04/23/2018	06/07/2018
Suggested Completion Date:	Actual Completion Date:				
04/23/2018	06/07/2018				

Lindsay Chilson

Provider Signature

04/04/2018

Date

Christina Lusk

Inspector Signature

04/04/2018

Date