

Program Inspection Before & After School Center Compliance Plan

Provider's Name: **The PAWS Program**

City: **Chamberlain**

Provider Number: **010605401**

Inspector: **Deb Bigge**

Date of Inspection: **11/13/2019**

Time of Inspection: **3:52 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> <ul style="list-style-type: none"> BB - Three References, Training HB - Training LC - Training RF - Training PF - Training BM - Three References, Training BM - Training AM - Three References, Training MM - Training TO - Three References, Training LO - Three References, Training SP - Three References, Training BR - Three References, Training GR - Training BS - CPR, Training JT - Three References, Training AT - Training LT - Training CW - Three References, Training JW - Three References, Training 	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Suggested Completion Date:</th> <th style="text-align: left;">Actual Completion Date:</th> </tr> </thead> <tbody> <tr> <td style="padding-left: 20px;">12/13/2019</td> <td style="padding-left: 20px;">01/09/2020</td> </tr> </tbody> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/13/2019	01/09/2020
Suggested Completion Date:	Actual Completion Date:				
12/13/2019	01/09/2020				

37. Do child records contain all required information? 67:42:16:13 Note: child records are to be retained for 6 months after the care of the child ceases.

Corrections To Be Made:	Agency Action:	
SRB - Emergency Permission ASJ - Emergency Permission TSJ - Emergency Permission RW - Emergency Permission	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	12/13/2019	01/09/2020
	Status: Corrected	

H. Insurance

39. Does the facility have documentation the program has current liability insurance coverage?
67:42:16:16

Corrections To Be Made:	Agency Action:	
Verification of current liability insurance is needed.	Compliance Plan	
*Verification was received.	Suggested Completion Date:	Actual Completion Date:
	12/13/2019	01/07/2020
	Status: Corrected	

J. Written Program Policies

48. Is there written policies related to dispensing medications? 67:42:14:16

Corrections To Be Made:	Agency Action:	
A policy regarding dispensing of medication is needed.	Compliance Plan	
*Information was added to program policies.	Suggested Completion Date:	Actual Completion Date:
	12/13/2019	01/09/2020
	Status: Corrected	

50. Is there written policies related to reporting suspected child abuse or neglect, including procedures for ensuring that the alleged incident will not reoccur while waiting for the official investigation and for evaluating continued employment of any staff member determined to be involved in an incident of child abuse? 67:42:14:16

<p>Corrections To Be Made:</p> <p>Policy regarding child abuse/neglect allegations against program staff is needed.</p> <p>*Information was added to program policies.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="1"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>12/13/2019</td> <td>01/09/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/13/2019	01/09/2020
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12/13/2019	01/09/2020				

51. Is there written policies related to notification to a parent when a significant change happens with center services or policies? 67:42:14:16

<p>Corrections To Be Made:</p> <p>Policy needed regarding notifying parents about program changes.</p> <p>*Information was added to program policies.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="1"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>12/13/2019</td> <td>01/09/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/13/2019	01/09/2020
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61. Is there written policies related to notification to the Department of Health if a child contracts a communicable disease? Note: The program shall follow the Department of Health's recommendations for addressing a situation involving a communicable disease.

<p>Corrections To Be Made:</p> <p>Policy needed regarding notifying Department of Health of communicable diseases.</p> <p>*Information was added to program policies.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table border="1"> <tr> <td>Suggested Completion Date:</td> <td>Actual Completion Date:</td> </tr> <tr> <td>12/13/2019</td> <td>01/09/2020</td> </tr> </table> <p>Status: Corrected</p>	Suggested Completion Date:	Actual Completion Date:	12/13/2019	01/09/2020
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Lindsay Chilson

Provider Signature

12/20/2019

Date

Deb Bigge

Inspector Signature

12/20/2019

Date