

Program Inspection Compliance Plan

Provider's Name: **Winner's Club OST**

City: **Winner**

Provider Number: **010605443**

Inspector: **Sarah Deakins**

Date of Inspection: **09/10/2024**

Time of Inspection: **3:44 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

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

Corrections To Be Made:	Agency Action:	
MK - Training MM - Training	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	09/27/2024	10/24/2024
	Status: Corrected	

F. Insurance

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

Corrections To Be Made:	Agency Action:	
At the time of the inspection, there was no proof of current liability insurance.	Compliance Plan	
All programs must have proof of current liability insurance available at the time of the inspection.	Suggested Completion Date:	Actual Completion Date:
Verification has been received.	09/27/2024	10/24/2024
	Status: Corrected	

Cassie Haakinson

Provider Signature

09/10/2024

Date

Sarah Deakins

Inspector Signature

09/11/2024

Date