

Program Inspection Compliance Plan

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

City: **Winner**

Provider Number: **010605443**

Inspector: **Sarah Deakins**

Date of Inspection: **12/06/2023**

Time of Inspection: **3:55 PM**

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

F. Insurance

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

Corrections To Be Made:	Agency Action:	
The certificate of liability insurance on file had expired.	Compliance Plan	
The program will have proof of current liability insurance available for the yearly inspection.	Suggested Completion Date:	Actual Completion Date:
The program emailed verification of current liability insurance.	12/14/2023	12/08/2023
	Status: Corrected	

Tammy Sund

Provider Signature

12/06/2023

Date

Sarah Deakins

Inspector Signature

12/06/2023

Date