

Program Inspection Compliance Plan

Provider's Name: **James Valley Christian School** City: **Huron**
OST

Provider Number: **014512049**

Inspector: **Sarah Deakins** Date of Inspection: **08/28/2024**

Time of Inspection: **3:17 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:	
At the time of inspection, there was no proof of current liability insurance.	Compliance Plan	
The program must have proof of current liability insurance available at the time of inspection.	Suggested Completion Date:	Actual Completion Date:
The program has provided verification of current liability insurance.	09/18/2024	09/04/2024
	Status: Corrected	

Jeremy Zajicek

Provider Signature

08/28/2024

Date

Sarah Deakins

Inspector Signature

09/05/2024

Date