

# Program Inspection Compliance Plan

Provider's Name: **Rolf's Lil Rascals 2**

City: **Winner**

Provider Number: **014512599**

Inspector: **Sarah Deakins**

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

Time of Inspection: **12:46 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:	
<b>Provider was unable to obtain the certificate of liability insurance at the time of the inspection.</b>	<b>Compliance Plan</b>	
<b>The program will have proof of current liability insurance coverage at the time of the inspection.</b>	Suggested Completion Date:	Actual Completion Date:
<b>Verification of current liability insurance has been received.</b>	<b>12/22/2023</b>	<b>12/15/2023</b>
	Status: <b>Corrected</b>	

**Carrie Rolf**

Provider Signature

**12/06/2023**

Date

**Sarah Deakins**

Inspector Signature

**12/06/2023**

Date