Provider required to post this report.

Program Inspection
Compliance Plan

Provider's Name: **Wolsey-Wessington OST Program** City: **Wolsey** Provider Number: **014510634**

Inspector: **Sarah Deakins** Date of Inspection: **11/05/2024** Time of Inspection: **3:54 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:

At the time of the inspection there was no proof of current liability insurance.

The program must maintain proof of current liability insurance.

Verification received of the program's liability insurance.

Agency Action:
Compliance Plan

Suggested Completion Date:	Actual Completion Date:
11/26/2024	**12/17/2024**

Status: **Corrected**

Lacey Zerfoss
Provider Signature

Lacey Zerfoss **11/05/2024**
Name Date

Sarah Deakins
Inspector Signature

Sarah Deakins **11/05/2024**
Name Date