

# Program Inspection Compliance Plan

Provider's Name: **BETHESDA LUTHERAN  
CHURCH**

City: **Hot Springs**

Provider Number: **016597902**

Inspector: **Tina Uecker**

Date of Inspection: **08/26/2024**

Time of Inspection: **9:00 AM**

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:
<b>TB - Orientation Complete, Training</b>	<b>Compliance Plan</b>
<b>SB - Orientation Complete, Training</b>	Suggested Completion Date:
<b>EL - CPR, Training</b>	Actual Completion Date:
<b>BM - Training</b>	<b>09/15/2024</b>
	<b>10/15/2024</b>
	Status: <b>Corrected</b>

**Heather Hunsaker**

Provider Signature

**10/15/2024**

Date

**Tina Uecker**

Inspector Signature

**10/15/2024**

Date