

# Program Inspection Compliance Plan

Provider's Name: **Divine Shepherd Lutheran  
Church/School**

City: **Black Hawk**

Provider Number: **016597928**

Inspector: **Andrea Neff**

Date of Inspection: **03/19/2024**

Time of Inspection: **10:52 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:

**CR - Level II Complete**

Agency Action:

### **Compliance Plan**

Suggested  
Completion  
Date:

**04/02/2024**

Actual  
Completion  
Date:

**04/26/2024**

Status: **Corrected**

## D. Transportation

46. If transporting children, is written permission from each child ' s parent obtained? 67:42:17:45

Corrections To Be Made:

**Program did not have written permission specifically to transporting after school children.**

**Program will need to update transportation form and submit written permission for children being transported after school.**

**Correction: Program updated transportation form to include transporting after school children and parents signed form giving permission.**

Agency Action:

### **Compliance Plan**

Suggested  
Completion  
Date:

**04/02/2024**

Actual  
Completion  
Date:

**04/19/2024**

Status: **Corrected**

**Katie Andreasen**

Provider Signature

**03/19/2024**

Date

**Andrea Neff**

Inspector Signature

**03/19/2024**

Date