

Family Day Care Inspection Compliance Plan

Provider's Name: **Bridget Wodzinski**

City: **Harrisburg**

Provider Number: **018042533**

Inspector: **Rita Trager**

Date of Inspection: **03/05/2019**

Time of Inspection: **7:45 AM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

B. Record Keeping/Fire Safety & Emergency Weather Drills

30. Does each child's record contain all required information? 67:42:16:13

<p>Corrections To Be Made:</p> <ul style="list-style-type: none"> NB - Immunization Records RF - Immunization Records AK - Immunization Records LK - Immunization Records NM - Immunization Records RM - Emergency Permission 	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Suggested Completion Date:</p> <p>03/31/2019</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Actual Completion Date:</p> <p>04/02/2019</p> </td> </tr> </table> <p>Status: Corrected</p>	<p>Suggested Completion Date:</p> <p>03/31/2019</p>	<p>Actual Completion Date:</p> <p>04/02/2019</p>
<p>Suggested Completion Date:</p> <p>03/31/2019</p>	<p>Actual Completion Date:</p> <p>04/02/2019</p>		

34. Has the provider completed six hours of training in at least three topic areas in the past year? Of those hours, only three are limited to reading or watching TV or video etc. 67:42:03:07.02

<p>Corrections To Be Made:</p> <p>Need 3.5 hours of training. Child development on-line training to be completed. CPR to be updated.</p> <p>*CPR certification received on 04/02/19. Expiration 04/02/21.</p> <p>*CD certificate observed on 04/02/19.</p> <p>*Documentation of additional training hours received on 04/05/19.</p>	<p>Agency Action:</p> <p>Compliance Plan</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Suggested Completion Date:</p> <p>03/31/2019</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Actual Completion Date:</p> <p>04/05/2019</p> </td> </tr> </table> <p>Status: Corrected</p>	<p>Suggested Completion Date:</p> <p>03/31/2019</p>	<p>Actual Completion Date:</p> <p>04/05/2019</p>
<p>Suggested Completion Date:</p> <p>03/31/2019</p>	<p>Actual Completion Date:</p> <p>04/05/2019</p>		

D. Health & Safety Features of the Home - Outdoor Environmental Observations

90. Did the Provider obtain orientation training in the topic of child development by 11/30/2018?

Corrections To Be Made:	Agency Action:	
Child development to be completed by 03/31/2019 *Documentation of completion received on 04/02/2019	Compliance Plan	
	Suggested Completion Date:	Actual Completion Date:
	03/31/2019	04/02/2019
	Status: Corrected	

Bridget Wodzinski

Provider Signature

03/05/2019

Date

Rita Trager

Inspector Signature

03/05/2019

Date