

# Family Day Care Inspection Compliance Plan

Provider's Name: **Amanda Barnes (Kruger)**

City: **Harrisburg**

Provider Number: **018042516**

Inspector: **Michael Czmowski**

Date of Inspection: **11/22/2022**

Time of Inspection: **10:49 AM**

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

## A. Provider's Practices/Maximum Capacity/Care of Children

17. Does the provider ensure children use soap and running water to wash hands before/after meals and after using the restroom? 67:42:03:19

<p>Corrections To Be Made:</p> <p><b>A child was observed to not wash their hands after using the bathroom.</b></p> <p><b>The Provider needs to ensure that children use soap and water to wash their hands after using the restroom.</b></p> <p><b>Correction: Provider has educated the children on handwashing practices and will ensure children wash their hands after using the bathroom.</b></p>	<p>Agency Action:</p> <p><b>Compliance Plan</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Suggested Completion Date:</td> <td style="width: 50%; border: none;">Actual Completion Date:</td> </tr> <tr> <td style="border: none;"><b>11/23/2022</b></td> <td style="border: none;"><b>11/23/2022</b></td> </tr> </table> <p>Status: <b>Corrected</b></p>	Suggested Completion Date:	Actual Completion Date:	<b>11/23/2022</b>	<b>11/23/2022</b>
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<b>11/23/2022</b>	<b>11/23/2022</b>				

**Amanda Kruger**

**11/22/2022**

Provider Signature

Date

**Michael Czmowski**

**11/22/2022**

Inspector Signature

Date