# FAMILY CHILD CARE HOME INSPECTION REPORT

| |
|---|
| INSPECTION DATE/TIME/DURATION: 9/10/2020 8:30 AM |
| PROVIDER ID: 9036 |
| REGISTRATION #: 85812 |
| JURISDICTION: |

| INSPECTION TYPE | |
|---|---|
| | Initial Application |
| | Conversion |
| ✔ | Mandatory Review |
| | Full |
| | Complaint Investigation |
| | Monitoring |
| | Other |

☐ Follow Up

| AGES | Registered for | # Enrolled | # Present | Resident Children |
|---|---|---|---|---|
| 0-23 Months | 2 | 2 | 1 | 0 |
| 2's | ● Y N | 2 | 2 | 0 |
| 3's | ● Y N | 4 | 3 | 0 |
| 4's | ● Y N | 0 | 0 | 0 |
| 5's (pre-school) | ● Y N | 0 | 0 | 0 |
| 5-12 (school-age) | ● Y N | 3 | 1 | 0 |
| **TOTAL** | | 11 | 7 | 0 |
| Overnight | | 0 | 0 | XXXXXX |
| Head Start | XXXXXX | 0 | XXXXXX | XXXXXX |

| | | |
|---|---|---|
| REGION: 10 | Fatality: 0 | Serious Injury: 0 |
| EXCELS LEVEL: | COMPLAINT #: | |

| | | |
|---|---|---|
| ACCREDITED: ☐ Y ● N | ACCREDITED BY: | EXP DATE: |
| HOMEOWNER'S INSURANCE COVERAGE: ☑ N/A ☐ Y ☐ N | | EXP DATE: |

BUSINESS NAME:

PROVIDER NAME:

Kimberly Gamber

CO-PROVIDER:

ADDRESS:

675 Verda Lane Huntingtown MD 20639

PERSONS INTERVIEWED:

Kimberly Gamber

TITLE(S):

Provider

| | |
|---|---|
| TELEPHONE: (410) 535-3878 | E-MAIL: kpoore21@comcast.net ◔ Verified ○ N/A |

## PART 1 - MANDATORY REVIEW ITEMS

INSTRUCTIONS: (1) Review each regulation that applies to the inspection being conducted.
(2) The compliance status of an item listed under Part 2 may be recorded when deemed necessary.
(3) Initial/Resumption/Conversion/Full Inspection - Complete both Part 1 and Part 2.

**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

| | | |
|---|---|---|
| C | .02.01D | Certificate Conspicuously Displayed |
| C | .03.04A | Emergency Forms |
| C | .03.05C-E | Notification of Changes |
| C | .04.03 | Child Capacity |
| C | .05.03 | Cleanliness and Sanitation |
| C | .05.04 | Rooms Used for Care |
| C | .05.05 | Outdoor Activity Area |
| C | .05.06 | Rest Furnishings |
| D | .06.02 | Training Requirements |
| C | .07.01 | Prohibition of Abuse, Neglect, Injurious Treatment |
| D | .07.02 | Abuse and Neglect Reporting |
| C | .07.04 | Child Discipline |
| C | .07.07 | Child Security |
| C | .08.01 | General Child Supervision |
| C | .08.03 | Supervision of Resting Children |
| C | .10.02 | Potentially Hazardous Items |
| C | .10.06 | Rest Time Safety |

## PART 2 – GENERAL COMPLIANCE REVIEW

**INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.**

**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

**CHAPTER 02 REGISTRATION APPLICATION AND MAINTENANCE**

| | | |
|---|---|---|
| X | .03B | Continuing Registration |
| X | .04B | Conditional Status |

**CHAPTER 03 MANAGEMENT & ADMINISTRATION**

| | | |
|---|---|---|
| X | .01 | Advertisement |

**CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T**

| | | |
|---|---|---|
| X | .02 | Admission to Care |
| X | .03 | Program Records |
| X | .04 | Child Records **[exc. A]** |
| X | .05 | Notifications **[exc. C-E]** |
| X | .06 | Variances |

## PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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**CHAPTER 04 OPERATIONAL REQUIREMENTS**

X ____.01 Hours of Care

X ____.02 Age Group Enrollment

**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**

X ____.01 Suitability of the Home

X ____.02 Lead-Safe Environment

**CHAPTER 06 PROVIDER REQUIREMENTS**

X ____.03 Provider Substitute

X ____.04 Additional Adult

X ____.05 Volunteers

**CHAPTER 07 CHILD PROTECTION**

X ____.03 Applicability to Residents

X ____.05 Parental Access

X ____.06 Authorized Release

**CHAPTER 08 CHILD SUPERVISION**

X ____.02 Off-Site Supervision

X ____.04 Water Activity Supervision

X ____.05 Overnight Care Supervision

**CHAPTER 09 PROGRAM REQUIREMENTS**

X ____.01 Activities

X ____.02 Materials/Equipment

X ____.03 Rest Periods

**CHAPTER 10 SAFETY**

X ____.01 Emergency Safety

X ____.03 Outdoor Safety

X ____.04 Water Safety

X ____.05 Transportation Safety

**CHAPTER 11 HEALTH**

X ____.01 Child Comfort/Welfare

X ____.02 Exclusion for Acute Illness

X ____.03 Infectious/Communicable Diseases

X ____.04 Medication Administration/Storage

X ____.05 Smoking

X ____.06 Consumption of Alcohol/Drugs

## PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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**CHAPTER 12 NUTRITION**

X ____**.01** Nutrition/Food Served

X ____**.02** Food Storage/Cleanliness

**CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS**

C ____**.01** Inspections

Signature on file

Signature of Provider

Stacy Modlin

Signature of Agency Representative

Stacy Modlin

9/10/2020

Date