# FAMILY CHILD CARE HOME INSPECTION REPORT

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|---|
| INSPECTION DATE/TIME/DURATION: 10/28/2020 1:30 PM |
| PROVIDER ID: 6786 |
| REGISTRATION #: 113268 |
| 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 | 2 | 0 |
| 2's | ● Y N | 1 | 1 | 0 |
| 3's | ● Y N | 1 | 1 | 0 |
| 4's | ● Y N | 0 | 0 | 0 |
| 5's (pre-school) | ● Y N | 0 | 0 | 0 |
| 5-12 (school-age) | ● Y N | 3 | 3 | 1 |
| **TOTAL** | | 7 | 7 | 1 |
| Overnight | | 0 | 0 | XXXXXX |
| Head Start | XXXXXX | | 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:
Susan King

CO-PROVIDER:

ADDRESS:
2730 Plum Point Road Huntingtown MD 20639

PERSONS INTERVIEWED:
Susan King

TITLE(S):
Provider

| | |
|---|---|
| TELEPHONE: (410) 535-6982 | E-MAIL: srking5@outlook.com ◔ 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 |
| D | **.05.05** | Outdoor Activity Area |
| C | **.05.06** | Rest Furnishings |
| N | **.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

| | | |
|---|---|---|
| D | **.03B** | Continuing Registration |
| NA | **.04B** | Conditional Status |

### CHAPTER 03 MANAGEMENT & ADMINISTRATION

| | | |
|---|---|---|
| C | **.01** | Advertisement |

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

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

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

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**CHAPTER 04 OPERATIONAL REQUIREMENTS**

C ____.01 Hours of Care

C ____.02 Age Group Enrollment

**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**

C ____.01 Suitability of the Home

NA ____.02 Lead-Safe Environment

**CHAPTER 06 PROVIDER REQUIREMENTS**

C ____.03 Provider Substitute

NA ____.04 Additional Adult

NA ____.05 Volunteers

**CHAPTER 07 CHILD PROTECTION**

C ____.03 Applicability to Residents

C ____.05 Parental Access

C ____.06 Authorized Release

**CHAPTER 08 CHILD SUPERVISION**

D ____.02 Off-Site Supervision

NA ____.04 Water Activity Supervision

NA ____.05 Overnight Care Supervision

**CHAPTER 09 PROGRAM REQUIREMENTS**

C ____.01 Activities

C ____.02 Materials/Equipment

C ____.03 Rest Periods

**CHAPTER 10 SAFETY**

C ____.01 Emergency Safety

D ____.03 Outdoor Safety

D ____.04 Water Safety

NA ____.05 Transportation Safety

**CHAPTER 11 HEALTH**

C ____.01 Child Comfort/Welfare

C ____.02 Exclusion for Acute Illness

C ____.03 Infectious/Communicable Diseases

C ____.04 Medication Administration/Storage

C ____.05 Smoking

C ____.06 Consumption of Alcohol/Drugs

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

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**CHAPTER 12 NUTRITION**

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

C ____**.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

10/28/2020

Date