

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 10/30/2019 8:45 AM		<table border="1"> <thead> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> </thead> <tbody> <tr> <td></td> <td>Initial Application</td> </tr> <tr> <td></td> <td>Conversion</td> </tr> <tr> <td></td> <td>Mandatory Review</td> </tr> <tr> <td>✓</td> <td>Full</td> </tr> <tr> <td></td> <td>Complaint Investigation</td> </tr> <tr> <td></td> <td>Monitoring</td> </tr> <tr> <td></td> <td>Other</td> </tr> </tbody> </table>		INSPECTION TYPE			Initial Application		Conversion		Mandatory Review	✓	Full		Complaint Investigation		Monitoring		Other	<table border="1"> <thead> <tr> <th>AGES</th> <th>Registered for</th> <th># Enrolled</th> <th># Present</th> <th>Resident Children</th> </tr> </thead> <tbody> <tr> <td>0-23 Months</td> <td>4</td> <td>4</td> <td>4</td> <td>0</td> </tr> <tr> <td>2's</td> <td>☒ Y ☐ N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>3's</td> <td>☒ Y ☐ N</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>4's</td> <td>☒ Y ☐ N</td> <td>3</td> <td>3</td> <td>0</td> </tr> <tr> <td>5's (pre-school)</td> <td>☒ Y ☐ N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>5-12 (school-age)</td> <td>☒ Y ☐ N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>8</td> <td>8</td> <td></td> </tr> <tr> <td>Overnight</td> <td></td> <td>0</td> <td>0</td> <td>XXXXXX</td> </tr> <tr> <td>Head Start</td> <td>XXXXXXXX</td> <td>0</td> <td>XXXXXX</td> <td>XXXXXX</td> </tr> </tbody> </table>				AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	4	4	4	0	2's	☒ Y ☐ N	0	0	0	3's	☒ Y ☐ N	1	1	0	4's	☒ Y ☐ N	3	3	0	5's (pre-school)	☒ Y ☐ N	0	0	0	5-12 (school-age)	☒ Y ☐ N	0	0	0	TOTAL		8	8		Overnight		0	0	XXXXXX	Head Start	XXXXXXXX	0	XXXXXX	XXXXXX
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JURISDICTION:																																																																									
REGION: 6																																																																									
EXCELS LEVEL:		COMPLAINT #:																																																																							
ACCREDITED: ☐ Y ☒ N		ACCREDITED BY:		EXP DATE:																																																																					
HOMEOWNER'S INSURANCE COVERAGE: ☐ N/A ☒ ☐ N				EXP DATE: 4/29/2020																																																																					
BUSINESS NAME:																																																																									
PROVIDER NAME: Miya Hudson																																																																									
CO-PROVIDER:																																																																									
ADDRESS: 3408 Rogers Avenue Ellicott City MD 21043																																																																									
PERSONS INTERVIEWED: Miya Hudson																																																																									
TITLE(S): Provider																																																																									
TELEPHONE: (410) 203-9877		E-MAIL: miyah3000@gmail.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

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

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

<u>C</u> .03B	Continuing Registration
<u>C</u> .04B	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

<u>NA</u> .01	Advertisement
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CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

<u>C</u> .02	Admission to Care
<u>C</u> .03	Program Records
<u>N</u> .04	Child Records [exc. A]
<u>C</u> .05	Notifications [exc. C-E]
<u>C</u> .06	Variances

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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

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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

C.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

C.03 Provider Substitute

C.04 Additional Adult

C.05 Volunteers

CHAPTER 07 CHILD PROTECTION

C.03 Applicability to Residents

C.05 Parental Access

C.06 Authorized Release

CHAPTER 08 CHILD SUPERVISION

C.02 Off-Site Supervision

C.04 Water Activity Supervision

C.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

C.03 Outdoor Safety

C.04 Water Safety

C.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 of Provider



Signature of Agency Representative

10/30/2019

Date