FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 5/4/2020 7:45 AM

PROVIDER ID: 438653

REGISTRATION #: 255622

JURISDICTION:

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

☐ Follow Up

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

REGION: 7

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: 11/30/2020

BUSINESS NAME:

PROVIDER NAME: Cassandra Schindel - Aleshire

CO-PROVIDER:

ADDRESS: 9929 Saint Roberts Drive Hagerstown MD 21740

PERSONS INTERVIEWED: Cassandra Aleshire-Schindel

TITLE(S): Provider

TELEPHONE: (301) 991-8189

E-MAIL: caleshire08@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

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
X .06.02 Training Requirements
C .07.01 Prohibition of Abuse, Neglect, Injurious Treatment
C .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

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

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

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 12 NUTRITION

X .01 Nutrition/Food Served

X .02 Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X .01 Inspections

Signature on file

Signature of Provider

Signature of Agency Representative

5/04/2020

Date

Audrey Gaines