

CHILD CARE CENTER INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 10/3/2019 7:00 AM		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">INSPECTION TYPE</th></tr> <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> </table>		INSPECTION TYPE		☐	Initial Application	☐	Conversion	☐	Mandatory Review	☒	Full	☐	Complaint Investigation	☐	Monitoring	☐	Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="4">Approved Capacity <u>60</u></th></tr> <tr> <th>AGES</th> <th>Licensed for</th> <th># Enrolled</th> <th># Present</th> </tr> <tr><td>6 wks. – 17mos.</td><td>Y ☒ N</td><td>0</td><td>0</td></tr> <tr><td>18 mos. – 23 mos.</td><td>Y ☒ N</td><td>0</td><td>0</td></tr> <tr><td>2's</td><td>Y ☒ N</td><td>0</td><td>0</td></tr> <tr><td>3's</td><td>Y ☒ N</td><td>0</td><td>0</td></tr> <tr><td>4's</td><td>Y ☒ N</td><td>0</td><td>0</td></tr> <tr><td>5's (pre-school)</td><td>Y ☒ N</td><td>0</td><td>0</td></tr> <tr><td>5-15 (school-age)</td><td>☒ Y ☐ N</td><td>67</td><td>49</td></tr> <tr><td>TOTAL</td><td></td><td>67</td><td>49</td></tr> <tr><td>Overnight</td><td>Y ☐ N ☐</td><td>0</td><td>0</td></tr> <tr><td>Head Start</td><td>XXXXXXXX</td><td>0</td><td>XXXXXX</td></tr> </table>		Approved Capacity <u>60</u>				AGES	Licensed for	# Enrolled	# Present	6 wks. – 17mos.	Y ☒ N	0	0	18 mos. – 23 mos.	Y ☒ N	0	0	2's	Y ☒ N	0	0	3's	Y ☒ N	0	0	4's	Y ☒ N	0	0	5's (pre-school)	Y ☒ N	0	0	5-15 (school-age)	☒ Y ☐ N	67	49	TOTAL		67	49	Overnight	Y ☐ N ☐	0	0	Head Start	XXXXXXXX	0	XXXXXX
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LICENSE #: 135119																																																																					
JURISDICTION:																																																																					
REGION: 10		COMPLAINT #:																																																																			
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ACCREDITED: ☐ Y ☒ N		ACCREDITED BY:		EXP DATE:																																																																	
WORKERS COMPENSATION INSURANCE COVERAGE: ☒ Y ☐ N				EXP DATE: 3/01/2020																																																																	
OPERATOR NAME: Charles County Department of Community Services/AlphaBEST																																																																					
FACILITY NAME: CCDCS/AlphaBEST@Barnhart																																																																					
ADDRESS: 4800 Lancaster Circle Waldorf MD 20603																																																																					
PERSON(S) INTERVIEWED: Anne Morgan																																																																					
TITLE(S): Site Director																																																																					
TELEPHONE: (301) 632-5507		E-MAIL: pwade@alphabest.org ☒ 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> .02.01E	License Conspicuously Displayed	<u>C</u> .07.06	Child Security
<u>C</u> .03.05B	Staffing Pattern Posted	<u>C</u> .08.01A	Child Supervision
<u>C</u> .03.06A	Notifications	<u>C</u> .08.02B	Qualified Staff in Charge of Groups
<u>C</u> .04.01	Capacity	<u>C</u> .08.03	Group Size and Staffing
<u>C</u> .05.01A	Building Safety	<u>C</u> .08.07	Playground Supervision
<u>C</u> .05.08B	Sanitary Facilities and Supplies	<u>NA</u> .08.08	Rest Time Supervision
<u>C</u> .05.11	General Cleanliness	<u>NA</u> .09.04F	No Soft Bedding with Cribs
<u>C</u> .05.12	Outdoor Activity Area	<u>C</u> .10.01A(4)	Emergency Escape Route Posted
<u>N</u> .06.05C	Director – Continued Training	<u>C</u> .10.01C	Emergency Contact Information
<u>NA</u> .06.09B	Preschool Teacher – Continued Training	<u>C</u> .10.03	Safe Use of Materials and Equipment
<u>N</u> .06.10C	School-age Teacher – Continued Training	<u>C</u> .10.04	Potentially Hazardous Items
<u>NA</u> .06.11C	Asst. Teacher – Continued Training	<u>NA</u> .10.05	Rest Time Safety
<u>D</u> .06.12A(3)-(4)	Aides – Continued Training	<u>C</u> .12.04A	Food Safety
<u>C</u> .07.02	Abuse and Neglect Reporting		

PART 2 – GENERAL COMPLIANCE REVIEW

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

CHAPTER 02 LICENSE APPLICATION & MAINTENANCE

<u>C</u> .03C	Maintaining a Continuing license
<u>NA</u> .04B	Conditional status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

<u>C</u> .01	Multi-site facilities
<u>C</u> .02	Admission to care

<u>C</u> .03	Program records
<u>N</u> .04	Child records
<u>C</u> .05	Staff records [exc. B]
<u>C</u> .06	Notifications [exc. A]
<u>C</u> .07	Change of operation

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T
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INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under this Part 2.

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

NA .08 Variances
C .09 Advertisement

CHAPTER 04 OPERATIONAL REQUIREMENTS

C .02 Enrollment and Attendance

CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT

C .01 Building Safety [exc. A]
C .02 Accessibility
C .03 Indoor Space
C .04 Building Repair and Maintenance
C .05 Lead-Safe Environment
C .06 Ventilation and Temperature
C .07 Water Supply
C .08 Sanitary Facilities and Supplies [exc. B]
C .09 Lighting
C .10 Telephone and Communication
NA .13 Swimming Facilities

CHAPTER 06 STAFF REQUIREMENTS

C .01 Minimum Staff Age
C .02 Staff Orientation
C .03 Suitability for Employment
C .04 Staff Health
C .05 Directors of All Child Care Centers [exc. C]
NA .06 Directors – Preschool Centers
C .07 Directors – School Age Centers
NA .08 Directors – Combined Age Centers
NA .09 Child Care Teachers – Preschool [exc. B]
C .10 Child Care Teachers – School Age [exc. C]
NA .11 Assistant Child Care Teachers [exc. C]
D .12 Aides [exc. A(3)-(4)]
C .13 Substitutes
C .14 Support Personnel
C .15 Volunteers

CHAPTER 07 CHILD PROTECTION

C .01 Prohibition of Abuse, Neglect, Injurious Treatment
C .03 Child Discipline
C .04 Parental Access
C .05 Authorized Release

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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

CHAPTER 08 CHILD SUPERVISION

- C .01 Individualized Attention/Care [exc. A]
 C .02 Supervision by Qualified Staff [exc. B]
 C .04 Variations in Group Size
 C .05 Supervision during Water Activities
 NA .06 Supervision during Transportation

CHAPTER 09 PROGRAM REQUIREMENTS

- C .01 Schedule of Daily Activities
 NA .02 Activity Plans for Infants and Toddlers
 C .03 Activity Materials, Equipment, Furnishings
 NA .04 Rest Furnishings [exc. F]
 NA .05 Infant and Toddler Equipment
 C .06 Storage

CHAPTER 10 SAFETY

- C .01 Emergency Safety Requirements [exc. A(4) & C]
 C .02 First Aid/CPR
 NA .06 Transportation

CHAPTER 11 HEALTH

- C .01 Exclusion for Acute Illness
 C .02 Infectious and Communicable Diseases
 C .03 Preventing Spread of Diseases
 C .04 Medication Administration/Storage
 C .05 Smoking
 C .06 Alcohol and Drugs

CHAPTER 12 NUTRITION

- C .01 Food Service
 C .02 Modified Diet
 C .03 Food Sources
 C .04 Food Storage and Preparation [exc. A]
 C .05 Food Preparation Area and Equipment
 NA .06 Infant Feeding

CHAPTER 13 CENTERS FOR CHILDREN WITH ACUTE ILLNESS

- NA .03 Approved Plan of Operation
 NA .04 Director Requirements
 NA .05 Use of Health Consultant

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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

CHAPTER 14 ADOLESCENT CENTERS

NA
____.01 Approved Plan

CHAPTER 15 DROP-IN CENTERS

NA
____.04 Approved Plan

NA
____.06 Admission Requirements

CHAPTER 16 EDUCATIONAL PROGRAMS

NA
____.06 Personnel Qualifications

NA
____.07 Educational Program

NA
____.08 Child Record

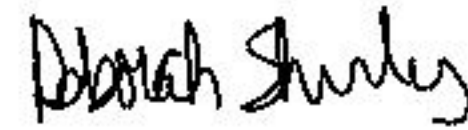
NA
____.09 Health, Fire Safety, Zoning

CHAPTER 17 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

C
____.02 Inspections



Signature of Facility Representative



Signature of Agency Representative

10/03/2019

Date