

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 1/20/2021 9:55 AM																																																							
PROVIDER ID: 7978																																																							
REGISTRATION #: 29621																																																							
JURISDICTION:																																																							
INSPECTION TYPE ☐ Initial Application ☐ Conversion ☐ Mandatory Review ☒ Full ☐ Complaint Investigation ☐ Monitoring ☐ Other ☐ Follow Up																																																							
<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <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 align="center">2</td> <td align="center">1</td> <td align="center">1</td> <td align="center">0</td> </tr> <tr> <td align="right">2's</td> <td align="center">● Y N</td> <td align="center">1</td> <td align="center">1</td> <td align="center">0</td> </tr> <tr> <td align="right">3's</td> <td align="center">● Y N</td> <td align="center">1</td> <td align="center">1</td> <td align="center">0</td> </tr> <tr> <td align="right">4's</td> <td align="center">● Y N</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td align="right">5's (pre-school)</td> <td align="center">● Y N</td> <td align="center">1</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td align="right">5-12 (school-age)</td> <td align="center">● Y N</td> <td align="center">0</td> <td align="center">0</td> <td align="center">0</td> </tr> <tr> <td align="center">TOTAL</td> <td></td> <td align="center">4</td> <td align="center">3</td> <td></td> </tr> <tr> <td align="right">Overnight</td> <td></td> <td align="center">0</td> <td align="center">0</td> <td align="center">XXXXXX</td> </tr> <tr> <td align="right">Head Start</td> <td align="center">XXXXXXXX</td> <td align="center">0</td> <td align="center">XXXXXX</td> <td align="center">XXXXXX</td> </tr> </tbody> </table>						AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	2	1	1	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	1	0	0	5-12 (school-age)	● Y N	0	0	0	TOTAL		4	3		Overnight		0	0	XXXXXX	Head Start	XXXXXXXX	0	XXXXXX	XXXXXX
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TOTAL		4	3																																																				
Overnight		0	0	XXXXXX																																																			
Head Start	XXXXXXXX	0	XXXXXX	XXXXXX																																																			
REGION: 8		Fatality: 0		Serious Injury: 0																																																			
EXCELS LEVEL:		COMPLAINT #:																																																					
ACCREDITED: ☐ Y ☒ N		ACCREDITED BY:		EXP DATE:																																																			
HOMEOOWNER'S INSURANCE COVERAGE: ☐ N/A ☒ Y ☐ N				EXP DATE: 5/17/2021																																																			
BUSINESS NAME:																																																							
PROVIDER NAME: Deborah Remenapp																																																							
CO-PROVIDER:																																																							
ADDRESS: 339 Larch Place Stevensville MD 21666																																																							
PERSONS INTERVIEWED: Deborah Remenapp																																																							
TITLE(S): Provider																																																							
TELEPHONE: (410) 643-3923		E-MAIL: jerndeb78@msn.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>C</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>C</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

C.03B Continuing Registration

NA.04B Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

NA.01 Advertisement

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

C.02 Admission to Care

C.03 Program Records

C.04 Child Records [exc. A]

C.05 Notifications [exc. C-E]

NA.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.**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable****CHAPTER 04 OPERATIONAL REQUIREMENTS**C.01 Hours of CareC.02 Age Group Enrollment**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**C.01 Suitability of the HomeC.02 Lead-Safe Environment**CHAPTER 06 PROVIDER REQUIREMENTS**C.03 Provider SubstituteNA.04 Additional AdultNA.05 Volunteers**CHAPTER 07 CHILD PROTECTION**C.03 Applicability to ResidentsC.05 Parental AccessC.06 Authorized Release**CHAPTER 08 CHILD SUPERVISION**C.02 Off-Site SupervisionNA.04 Water Activity SupervisionNA.05 Overnight Care Supervision**CHAPTER 09 PROGRAM REQUIREMENTS**C.01 ActivitiesC.02 Materials/EquipmentC.03 Rest Periods**CHAPTER 10 SAFETY**C.01 Emergency SafetyC.03 Outdoor SafetyNA.04 Water SafetyNA.05 Transportation Safety**CHAPTER 11 HEALTH**C.01 Child Comfort/WelfareC.02 Exclusion for Acute IllnessC.03 Infectious/Communicable DiseasesC.04 Medication Administration/StorageC.05 SmokingC.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.

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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

See paper copy

Signature of Provider

Beth Hill

Signature of Agency Representative
Beth Hill

1/20/2021

Date