FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 11/9/2020 10:26 AM
PROVIDER ID: 424943
REGISTRATION #: 255142
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	0	0
2's	● Y N	0	0	0
3's	● Y N	0	0	0
4's	● Y N	2	2	0
5's (pre-school)	● Y N	0	0	0
5-12 (school-age)	● Y N	0	0	0
TOTAL		4	2	
Overnight		0	0	XXXXXX
Head Start	XXXXXX	0	XXXXXX	XXXXXX

REGION: 8	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: Karen Crossley-Robbins		
CO-PROVIDER:		
ADDRESS: 417 Lime Landing Rd	Millington MD 21651	
PERSONS INTERVIEWED: Karen Crossley-Robbins		
TITLE(S): Provider		
TELEPHONE: (410) 708-1241	E-MAIL: hunzyrobbins@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
C ___ **.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

C ___ **.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]**
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.

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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

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

C ____.02 Off-Site Supervision

C ____.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

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

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

on file

Signature of Provider

Emily Marvel

Signature of Agency Representative

11/10/2020

Date