# FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
11/21/2019 9:24 AM

PROVIDER ID:
4843

REGISTRATION #:
46737

JURISDICTION:

REGION:
4

EXCELS LEVEL:

COMPLAINT #:

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

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

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

HOMEOWNER'S INSURANCE COVERAGE: ☑ N/A ☐ Y ☐ N

EXP DATE:

BUSINESS NAME:

PROVIDER NAME:
Barbara Truitt

CO-PROVIDER:

ADDRESS:
2806 Belair Drive Bowie MD 20715

PERSONS INTERVIEWED:
Barbara Truitt

TITLE(S):
Provider

TELEPHONE:
(301) 262-8553

E-MAIL:
johnftruitt@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
C ____ **.04B** Conditional Status

**CHAPTER 03 MANAGEMENT & ADMINISTRATION**

C ____ **.01** Advertisement

**CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T**

N ____ **.02** Admission to Care
N ____ **.03** Program Records
C ____ **.04** Child Records **[exc. A]**
C ____ **.05** Notifications **[exc. C-E]**
C ____ **.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

**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

Signature of Provider

Signature of Agency Representative

11/21/2019
Date