FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
7/16/2019 3:53 PM

PROVIDER ID:
399061

REGISTRATION #:
253464

JURISDICTION:

REGION:
4

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	0	0	0
3's	● Y N	1	0	0
4's	● Y N	1	0	0
5's (pre-school)	● Y N	0	0	0
5-12 (school-age)	● Y N	0	0	1
TOTAL		4	2	1
Overnight		0	0	XXXXXX
Head Start	XXXXXX	0	XXXXXX	XXXXXX

EXCELS LEVEL:

COMPLAINT #:

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

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

EXP DATE:

BUSINESS NAME:

PROVIDER NAME:
Carolyn Middleton

CO-PROVIDER:

ADDRESS:
8529 Ritchboro Road District Heights MD 20747

PERSONS INTERVIEWED:
Caroyln Middleton

TITLE(S):
Provider

TELEPHONE:
(240) 505-9567

E-MAIL:
Carolynmiddleton690@yahoo.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
N ____ **.05.03** Cleanliness and Sanitation
C ____ **.05.04** Rooms Used for Care
N ____ **.05.05** Outdoor Activity Area
C ____ **.05.06** Rest Furnishings
N ____ **.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.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

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

7/16/2019
Date