FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
10/12/2021 1:58 PM

PROVIDER ID:
8617

REGISTRATION #:
23371

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	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	1	0	0
5-12 (school-age)	● Y N	0	0	0
TOTAL		5	4	0
Overnight		0	0	XXXXXX
Head Start	XXXXXXX	0	XXXXXX	XXXXXX

REGION:
12

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:
Lou Ann Nash

CO-PROVIDER:

ADDRESS:
11903 Main St Libertytown MD 21762

PERSONS INTERVIEWED:
Lou Ann Nash

TITLE(S):
Provider

TELEPHONE:
(301) 693-0960

E-MAIL:
michellenash23@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 ____.06.02	Training Requirements
N ____.03.04A	Emergency Forms	C ____.07.01	Prohibition of Abuse, Neglect, Injurious Treatment
C ____.03.05C-E	Notification of Changes	C ____.07.02	Abuse and Neglect Reporting
C ____.04.03	Child Capacity	C ____.07.04	Child Discipline
C ____.05.03	Cleanliness and Sanitation	C ____.07.07	Child Security
C ____.05.04	Rooms Used for Care	C ____.08.01	General Child Supervision
C ____.05.05	Outdoor Activity Area	C ____.10.02	Potentially Hazardous Items
C ____.05.06	Rest Furnishings	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

C ____.02 Admission to Care

C ____.03 Program Records

N ____.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 ____ **.03** Water Activity Supervision

C ____ **.04** 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.

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

CHAPTER 12 NUTRITION

C ____ **.01** Nutrition/Food Served

C ____ **.02** Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

C ____ **.01** Inspections

C ____ **.06** Emergency Suspension

Signature on file

Signature of Provider

Signature of Agency Representative

Rebecca Bozarth

10/12/2021

Date