# FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
12/3/2020 3:01 PM

PROVIDER ID:
216570

REGISTRATION #:
155803

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 | 1 | 1 | 0 |
| 3's | ● Y N | 3 | 3 | 0 |
| 4's | ● Y N | 2 | 0 | 0 |
| 5's (pre-school) | ● Y N | 0 | 0 | 0 |
| 5-12 (school-age) | ● Y N | 0 | 0 | 0 |
| **TOTAL** | | 8 | 6 | |
| Overnight | | 0 | 0 | XXXXXX |
| Head Start | XXXXXX | | XXXXXX | XXXXXX |

REGION:
3

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:
Terri McKinzie

CO-PROVIDER:

ADDRESS:
8263 Streamwood Drive Pikesville MD 21208

PERSONS INTERVIEWED:
Terri McKinzie

TITLE(S):
Provider

TELEPHONE:
(410) 655-2581

E-MAIL:
terri1001@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

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**CHAPTER 04 OPERATIONAL REQUIREMENTS**

X ____.01 Hours of Care

X ____.02 Age Group Enrollment

**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**

X ____.01 Suitability of the Home

X ____.02 Lead-Safe Environment

**CHAPTER 06 PROVIDER REQUIREMENTS**

X ____.03 Provider Substitute

X ____.04 Additional Adult

X ____.05 Volunteers

**CHAPTER 07 CHILD PROTECTION**

X ____.03 Applicability to Residents

X ____.05 Parental Access

X ____.06 Authorized Release

**CHAPTER 08 CHILD SUPERVISION**

X ____.02 Off-Site Supervision

X ____.04 Water Activity Supervision

X ____.05 Overnight Care Supervision

**CHAPTER 09 PROGRAM REQUIREMENTS**

X ____.01 Activities

X ____.02 Materials/Equipment

X ____.03 Rest Periods

**CHAPTER 10 SAFETY**

X ____.01 Emergency Safety

X ____.03 Outdoor Safety

X ____.04 Water Safety

X ____.05 Transportation Safety

**CHAPTER 11 HEALTH**

X ____.01 Child Comfort/Welfare

X ____.02 Exclusion for Acute Illness

X ____.03 Infectious/Communicable Diseases

X ____.04 Medication Administration/Storage

X ____.05 Smoking

X ____.06 Consumption of Alcohol/Drugs

## PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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**CHAPTER 12 NUTRITION**

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

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

**CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS**

X ____**.01** Inspections

Signature on file
Signature of Provider

Cheryl L Johnson
Signature of Agency Representative
Cheryl Johnson

12/03/2020
Date