

## LARGE CHILD CARE HOME INSPECTION REPORT

| INSPECTION DATE/TIME/DURATION:<br><b>10/15/2020 11:23 AM</b>                                              |                                    | <table border="1"> <thead> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Initial Application</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Conversion</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mandatory Review</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Full</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Complaint Investigation</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Monitoring</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other</td> </tr> </tbody> </table> |            | INSPECTION TYPE                                                     |                   | <input type="checkbox"/>    | Initial Application | <input type="checkbox"/> | Conversion | <input type="checkbox"/> | Mandatory Review | <input checked="" type="checkbox"/> | Full | <input type="checkbox"/> | Complaint Investigation | <input type="checkbox"/> | Monitoring | <input type="checkbox"/> | Other | <table border="1"> <thead> <tr> <th>AGES</th> <th colspan="2">Registered for</th> <th># Enrolled</th> <th># in Attendance</th> <th>Resident Children</th> </tr> </thead> <tbody> <tr> <td>0 – 23 mos.</td> <td><input checked="" type="radio"/> Y</td> <td><input type="radio"/> N</td> <td>2</td> <td>2</td> <td>0</td> </tr> <tr> <td>2's</td> <td><input checked="" type="radio"/> Y</td> <td><input type="radio"/> N</td> <td>6</td> <td>6</td> <td>0</td> </tr> <tr> <td>3's</td> <td><input checked="" type="radio"/> Y</td> <td><input type="radio"/> N</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>4's</td> <td><input checked="" type="radio"/> Y</td> <td><input type="radio"/> N</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>5's (pre-school)</td> <td><input checked="" type="radio"/> Y</td> <td><input type="radio"/> N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>5-12 (school-age)</td> <td><input checked="" type="radio"/> Y</td> <td><input type="radio"/> N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td></td> <td>10</td> <td>10</td> <td></td> </tr> <tr> <td>Overnight</td> <td><input type="radio"/> Y</td> <td><input type="radio"/> N</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td>Head Start</td> <td></td> <td></td> <td>0</td> <td></td> <td></td> </tr> </tbody> </table> |  |  |  | AGES | Registered for |  | # Enrolled | # in Attendance | Resident Children | 0 – 23 mos. | <input checked="" type="radio"/> Y | <input type="radio"/> N | 2 | 2 | 0 | 2's | <input checked="" type="radio"/> Y | <input type="radio"/> N | 6 | 6 | 0 | 3's | <input checked="" type="radio"/> Y | <input type="radio"/> N | 1 | 1 | 0 | 4's | <input checked="" type="radio"/> Y | <input type="radio"/> N | 1 | 1 | 0 | 5's (pre-school) | <input checked="" type="radio"/> Y | <input type="radio"/> N | 0 | 0 | 0 | 5-12 (school-age) | <input checked="" type="radio"/> Y | <input type="radio"/> N | 0 | 0 | 0 | <b>TOTAL</b> |  |  | 10 | 10 |  | Overnight | <input type="radio"/> Y | <input type="radio"/> N | 0 | 0 |  | Head Start |  |  | 0 |  |  |
|-----------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------|-------------------|-----------------------------|---------------------|--------------------------|------------|--------------------------|------------------|-------------------------------------|------|--------------------------|-------------------------|--------------------------|------------|--------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------|----------------|--|------------|-----------------|-------------------|-------------|------------------------------------|-------------------------|---|---|---|-----|------------------------------------|-------------------------|---|---|---|-----|------------------------------------|-------------------------|---|---|---|-----|------------------------------------|-------------------------|---|---|---|------------------|------------------------------------|-------------------------|---|---|---|-------------------|------------------------------------|-------------------------|---|---|---|--------------|--|--|----|----|--|-----------|-------------------------|-------------------------|---|---|--|------------|--|--|---|--|--|
| INSPECTION TYPE                                                                                           |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| <input type="checkbox"/>                                                                                  | Initial Application                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| <input type="checkbox"/>                                                                                  | Conversion                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| <input type="checkbox"/>                                                                                  | Mandatory Review                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| <input checked="" type="checkbox"/>                                                                       | Full                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| <input type="checkbox"/>                                                                                  | Complaint Investigation            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| <input type="checkbox"/>                                                                                  | Monitoring                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| <input type="checkbox"/>                                                                                  | Other                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| AGES                                                                                                      | Registered for                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | # Enrolled | # in Attendance                                                     | Resident Children |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| 0 – 23 mos.                                                                                               | <input checked="" type="radio"/> Y | <input type="radio"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2          | 2                                                                   | 0                 |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| 2's                                                                                                       | <input checked="" type="radio"/> Y | <input type="radio"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6          | 6                                                                   | 0                 |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| 3's                                                                                                       | <input checked="" type="radio"/> Y | <input type="radio"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1          | 1                                                                   | 0                 |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| 4's                                                                                                       | <input checked="" type="radio"/> Y | <input type="radio"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1          | 1                                                                   | 0                 |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| 5's (pre-school)                                                                                          | <input checked="" type="radio"/> Y | <input type="radio"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0          | 0                                                                   | 0                 |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| 5-12 (school-age)                                                                                         | <input checked="" type="radio"/> Y | <input type="radio"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0          | 0                                                                   | 0                 |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| <b>TOTAL</b>                                                                                              |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10         | 10                                                                  |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| Overnight                                                                                                 | <input type="radio"/> Y            | <input type="radio"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0          | 0                                                                   |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| Head Start                                                                                                |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0          |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| PROVIDER ID:<br><b>352631</b>                                                                             |                                    | <input type="checkbox"/> Follow Up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| LICENSE #:<br><b>250110</b>                                                                               |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| JURISDICTION:                                                                                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| REGION:<br><b>5</b>                                                                                       |                                    | COMPLAINT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| EXCELS LEVEL:<br><b>1</b>                                                                                 |                                    | NURSERY SCHOOL: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Fatality:<br><b>0</b>                                               |                   | Serious Injury:<br><b>0</b> |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| ACCREDITED: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |                                    | ACCREDITED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            | EXP DATE:                                                           |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| WORKERS COMPENSATION INSURANCE COVERAGE: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | EXP DATE:<br>4/20/2021                                              |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| HOMEOWNER'S INSURANCE COVERAGE: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N          |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            | EXP DATE:<br>4/20/2021                                              |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| PROVIDER NAME:<br><b>Soraia Leventhal</b>                                                                 |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| BUSINESS NAME:                                                                                            |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| ADDRESS:<br><b>7336 Piney Branch Rd</b> <b>Takoma Park</b> <b>MD</b> <b>20912</b>                         |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| PERSON(S) INTERVIEWED:<br><b>Soraia Leventhal</b>                                                         |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| TITLE(S):<br><b>Provider</b>                                                                              |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                     |                   |                             |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |      |                |  |            |                 |                   |             |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |     |                                    |                         |   |   |   |                  |                                    |                         |   |   |   |                   |                                    |                         |   |   |   |              |  |  |    |    |  |           |                         |                         |   |   |  |            |  |  |   |  |  |
| TELEPHONE:<br><b>(301) 204-9630</b>                                                                       |                                    | E-MAIL:<br><b>soraia89@hotmail.com</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | <input checked="" type="radio"/> Verified <input type="radio"/> 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**

|                         |                                                |                     |                                   |
|-------------------------|------------------------------------------------|---------------------|-----------------------------------|
| <u>C</u> .02.01D        | Registration Conspicuously Displayed           | <u>C</u> .07.02     | Abuse and Neglect Reporting       |
| <u>N</u> .03.04C        | Emergency Forms                                | <u>C</u> .07.06     | Child Security                    |
| <u>C</u> .03.05B        | Staffing Pattern Posted                        | <u>C</u> .08.01A    | Individualized Attention and Care |
| <u>C</u> .03.06A, E-F   | Staff/Resident/ Change Notification            | <u>C</u> .08.02B    | Supervision by Qualified Staff    |
| <u>C</u> .04.02         | Child Capacity                                 | <u>C</u> .08.03     | Group Size and Staffing           |
| <u>C</u> .05.03         | Rooms Used for Care                            | <u>C</u> .08.08     | Rest Time Supervision             |
| <u>C</u> .05.08B        | Diapering Area                                 | <u>C</u> .09.04     | Rest Furnishings                  |
| <u>C</u> .05.11         | Cleanliness and Sanitation                     | <u>N</u> .10.01A(4) | Emergency Escape Route Posted     |
| <u>C</u> .05.12         | Outdoor Activity Area                          | <u>C</u> .10.01C    | Emergency Contact Information     |
| <u>D</u> .06.05G        | Director – Continued Training                  | <u>C</u> .10.04     | Potentially Hazardous Items       |
| <u>D</u> .06.06D        | Family Child Care Teacher – Continued Training | <u>C</u> .10.05     | Rest Time Safety                  |
| <u>D</u> .06.07A(3)-(4) | Aides – Continued Training                     | <u>C</u> .12.04A    | Food 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 LICENSE APPLICATION & APPLICATION REQUIREMENTS**

|                |                                        |
|----------------|----------------------------------------|
| <u>C</u> .03B  | Maintenance of Continuing Registration |
| <u>NA</u> .04B | Conditional Registration               |

**CHAPTER 03 MANAGEMENT & ADMINISTRATION**

|              |                   |
|--------------|-------------------|
| <u>C</u> .01 | Advertisement     |
| <u>C</u> .02 | Admission to care |
| <u>C</u> .03 | Program records   |



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

|           |     |                              |
|-----------|-----|------------------------------|
| <u>N</u>  | .04 | Child records (exc. C)       |
| <u>C</u>  | .05 | Staff records (exc. B)       |
| <u>C</u>  | .06 | Notifications (exc. A, E, F) |
| <u>C</u>  | .07 | Change of operation          |
| <u>NA</u> | .08 | Variances                    |

**CHAPTER 04 OPERATIONAL REQUIREMENTS**

|          |     |                           |
|----------|-----|---------------------------|
| <u>C</u> | .01 | Hours of Care             |
| <u>C</u> | .03 | Enrollment and Attendance |

**CHAPTER 05 HOME ENVIRONMENT AND EQUIPMENT**

|           |     |                                           |
|-----------|-----|-------------------------------------------|
| <u>C</u>  | .01 | Suitability of Home                       |
| <u>C</u>  | .02 | Accessibility                             |
| <u>C</u>  | .04 | Home Repair and Maintenance               |
| <u>C</u>  | .05 | Lead-Safe Environment                     |
| <u>C</u>  | .06 | Ventilation and Temperature               |
| <u>C</u>  | .07 | Water Supply                              |
| <u>C</u>  | .08 | Sanitary Facilities and Supplies (exc. B) |
| <u>C</u>  | .09 | Lighting                                  |
| <u>C</u>  | .10 | Telephone and Communication               |
| <u>NA</u> | .13 | Swimming Facilities                       |

**CHAPTER 06 STAFF**

|          |     |                                     |
|----------|-----|-------------------------------------|
| <u>C</u> | .01 | Minimum Staff Age                   |
| <u>C</u> | .02 | Staff Orientation                   |
| <u>C</u> | .03 | Suitability for Employment          |
| <u>C</u> | .04 | Staff Health                        |
| <u>C</u> | .05 | Child Care Home Directors (exc. G)  |
| <u>C</u> | .06 | Family Child Care Teachers (exc. D) |
| <u>C</u> | .07 | Aides (exc. A(3)-(4))               |
| <u>C</u> | .08 | Substitutes                         |
| <u>C</u> | .09 | Support Personnel                   |
| <u>C</u> | .10 | Volunteers                          |

**CHAPTER 07 CHILD PROTECTION**

|          |     |                                                    |
|----------|-----|----------------------------------------------------|
| <u>C</u> | .01 | Prohibition of Abuse, Neglect, Injurious Treatment |
| <u>C</u> | .03 | Child Discipline                                   |
| <u>C</u> | .04 | Parental Access                                    |
| <u>C</u> | .05 | Authorized Release                                 |

**CHAPTER 08 CHILD SUPERVISION**

|          |     |                                            |
|----------|-----|--------------------------------------------|
| <u>C</u> | .01 | Individualized Attention and Care (exc. A) |
| <u>C</u> | .02 | Supervision by Qualified Staff (exc. B)    |
| <u>C</u> | .04 | Variations in Group Size                   |
| <u>C</u> | .05 | Supervision during Water Activities        |



**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 08 CHILD SUPERVISION, CON'T**

C.06 Supervision during Transportation

C.07 Playground Supervision

**CHAPTER 09 PROGRAM REQUIREMENTS**

C.01 Schedule of Daily Activities for All Children

C.02 Activity Plans for Infants and Toddlers

C.03 Activity Materials, Equipment, Furnishings

C.05 Equipment for Infants and Toddlers

C.06 Storage

**CHAPTER 10 SAFETY**

C.01 Emergency Safety Requirements [exc. A(4) & C]

C.02 First Aid and CPR

C.03 Safe use of Materials and Equipment

C.06 Transportation

**CHAPTER 11 HEALTH**

C.01 Exclusion for Acute Illness

C.02 Infectious and Communicable Diseases

**CHAPTER 11 HEALTH, CON'T**

C.03 Preventing Spread of Diseases

C.04 Medication Administration and Storage

C.05 Smoking

C.06 Alcohol and Drugs

**CHAPTER 12 NUTRITION**

C.01 Food Service

C.02 Modified Diet

C.03 Food Sources

C.04 Food Storage and Preparation (exc. A)

C.05 Food Preparation Area and Equipment

C.06 Feeding Infants and Toddlers

**CHAPTER 13 EDUCATIONAL PROGRAMS**

C.06 Personnel Qualifications

C.07 Educational Programs



**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 13 EDUCATIONAL PROGRAMS, CON'T**

C.08 Child Records

C.09 Health, Fire Safety, Zoning

**CHAPTER 14 INSPECTIONS**

C.01 Inspections

*signature on  
file*

\_\_\_\_\_  
Signature of Provider

*MOA*

\_\_\_\_\_  
Signature of Agency Representative  
Markia Opoku-Agyeman

10/15/2020

\_\_\_\_\_  
Date