FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 5/11/2020 1:00 PM
PROVIDER ID: 3728
REGISTRATION #: 75181
JURISDICTION:

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

☐ Follow Up

AGES	Registered for	# Enrolled	# Present	Resident Children
0-23 Months	2	1	1	0
2's	● Y N	0	0	0
3's	● Y N	1	1	0
4's	● Y N	0	0	0
5's (pre-school)	● Y N	0	0	0
5-12 (school-age)	● Y N	1	0	0
TOTAL		3	2	0
Overnight		0	0	XXXXXX
Head Start	XXXXXX	0	XXXXXX	XXXXXX

REGION: 6	Fatality: 0	Serious Injury: 0
EXCELS LEVEL: 1	COMPLAINT #:	

ACCREDITED: ☐ Y ● N	ACCREDITED BY:	EXP DATE:
HOMEOWNER'S INSURANCE COVERAGE: ☑ N/A ☐ Y ☐ N		EXP DATE:

BUSINESS NAME:

PROVIDER NAME:

Deena Kinnaman

CO-PROVIDER:

ADDRESS:

10541 Gorman Road Laurel MD 20723

PERSONS INTERVIEWED:

Deena Kinnamon

TITLE(S):

Provider

TELEPHONE: (301) 741-5838	E-MAIL: dloveshearts@aol.com ◔ Verified ○ N/A

PART 1 - MANDATORY REVIEW ITEMS

INSTRUCTIONS: (1) Review each regulation that applies to the inspection being conducted.
(2) The compliance status of an item listed under Part 2 may be recorded when deemed necessary.
(3) Initial/Resumption/Conversion/Full Inspection - Complete both Part 1 and Part 2.

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

C	.02.01D	Certificate Conspicuously Displayed
C	.03.04A	Emergency Forms
C	.03.05C-E	Notification of Changes
C	.04.03	Child Capacity
C	.05.03	Cleanliness and Sanitation
C	.05.04	Rooms Used for Care
D	.05.05	Outdoor Activity Area
C	.05.06	Rest Furnishings
X	.06.02	Training Requirements
C	.07.01	Prohibition of Abuse, Neglect, Injurious Treatment
C	.07.02	Abuse and Neglect Reporting
C	.07.04	Child Discipline
C	.07.07	Child Security
C	.08.01	General Child Supervision
C	.08.03	Supervision of Resting Children
C	.10.02	Potentially Hazardous Items
C	.10.06	Rest Time Safety

PART 2 – GENERAL COMPLIANCE REVIEW

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

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

CHAPTER 02 REGISTRATION APPLICATION AND MAINTENANCE

X	.03B	Continuing Registration
X	.04B	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

X	.01	Advertisement

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

X	.02	Admission to Care
X	.03	Program Records
X	.04	Child Records **[exc. A]**
X	.05	Notifications **[exc. C-E]**
X	.06	Variances

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

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

CHAPTER 04 OPERATIONAL REQUIREMENTS

X ____.01 Hours of Care

X ____.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

X ____.01 Suitability of the Home

X ____.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

X ____.03 Provider Substitute

X ____.04 Additional Adult

X ____.05 Volunteers

CHAPTER 07 CHILD PROTECTION

X ____.03 Applicability to Residents

X ____.05 Parental Access

X ____.06 Authorized Release

CHAPTER 08 CHILD SUPERVISION

X ____.02 Off-Site Supervision

X ____.04 Water Activity Supervision

X ____.05 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

X ____.01 Activities

X ____.02 Materials/Equipment

X ____.03 Rest Periods

CHAPTER 10 SAFETY

X ____.01 Emergency Safety

X ____.03 Outdoor Safety

X ____.04 Water Safety

X ____.05 Transportation Safety

CHAPTER 11 HEALTH

X ____.01 Child Comfort/Welfare

X ____.02 Exclusion for Acute Illness

X ____.03 Infectious/Communicable Diseases

X ____.04 Medication Administration/Storage

X ____.05 Smoking

X ____.06 Consumption of Alcohol/Drugs

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

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

CHAPTER 12 NUTRITION

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

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

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X ____**.01** Inspections

Signature on File

Signature of Provider

Signature of Agency Representative

Neffitina Thompson

5/11/2020

Date