

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 10/2/2020 12:48 PM		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2">INSPECTION TYPE</th></tr> <tr><td>☐</td><td>Initial Application</td></tr> <tr><td>☐</td><td>Conversion</td></tr> <tr><td>☐</td><td>Mandatory Review</td></tr> <tr><td>☒</td><td>Full</td></tr> <tr><td>☐</td><td>Complaint Investigation</td></tr> <tr><td>☐</td><td>Monitoring</td></tr> <tr><td>☐</td><td>Other</td></tr> </table>		INSPECTION TYPE		☐	Initial Application	☐	Conversion	☐	Mandatory Review	☒	Full	☐	Complaint Investigation	☐	Monitoring	☐	Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>AGES</th> <th>Registered for</th> <th># Enrolled</th> <th># Present</th> <th>Resident Children</th> </tr> <tr> <td>0-23 Months</td> <td>2</td> <td>2</td> <td>2</td> <td>0</td> </tr> <tr> <td>2's</td> <td>☒ Y ☐ N</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>3's</td> <td>☒ Y ☐ N</td> <td>2</td> <td>1</td> <td>0</td> </tr> <tr> <td>4's</td> <td>☒ Y ☐ N</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>5's (pre-school)</td> <td>☒ Y ☐ N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>5-12 (school-age)</td> <td>☒ Y ☐ N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>6</td> <td>4</td> <td></td> </tr> <tr> <td>Overnight</td> <td></td> <td>0</td> <td>0</td> <td>XXXXXX</td> </tr> <tr> <td>Head Start</td> <td>XXXXXXXX</td> <td>0</td> <td>XXXXXX</td> <td>XXXXXX</td> </tr> </table>			AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	2	2	2	0	2's	☒ Y ☐ N	1	1	0	3's	☒ Y ☐ N	2	1	0	4's	☒ Y ☐ N	1	0	0	5's (pre-school)	☒ Y ☐ N	0	0	0	5-12 (school-age)	☒ Y ☐ N	0	0	0	TOTAL		6	4		Overnight		0	0	XXXXXX	Head Start	XXXXXXXX	0	XXXXXX	XXXXXX
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REGISTRATION #: 255865																																																																								
JURISDICTION:																																																																								
REGION: 1		Fatality: 0		Serious Injury: 0																																																																				
EXCELS LEVEL:		COMPLAINT #:																																																																						
ACCREDITED: ☐ Y ☒ N		ACCREDITED BY:		EXP DATE:																																																																				
HOMEOWNER'S INSURANCE COVERAGE: ☒ N/A ☐ Y ☐ N				EXP DATE:																																																																				
BUSINESS NAME:																																																																								
PROVIDER NAME: Stephanie Holderfield																																																																								
CO-PROVIDER:																																																																								
ADDRESS: 24 Sheridan Rd Arnold MD 21012																																																																								
PERSONS INTERVIEWED: Stephanie Holderfield																																																																								
TITLE(S): Provider																																																																								
TELEPHONE: (443) 714-0573		E-MAIL: holderfield.stephanie@yahoo.com		☒ Verified ☐ N/A																																																																				

PART 1 - MANDATORY REVIEW ITEMS

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

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

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

PART 2 – GENERAL COMPLIANCE REVIEW

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

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CHAPTER 02 REGISTRATION APPLICATION AND MAINTENANCE

<u>C</u> .03B	Continuing Registration
<u>C</u> .04B	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

<u>C</u> .01	Advertisement
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CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

<u>C</u> .02	Admission to Care
<u>C</u> .03	Program Records
<u>C</u> .04	Child Records [exc. A]
<u>C</u> .05	Notifications [exc. C-E]
<u>C</u> .06	Variances

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T
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INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

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CHAPTER 04 OPERATIONAL REQUIREMENTS

<u>C</u>	.01	Hours of Care
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<u>C</u>	.02	Age Group Enrollment
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CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

<u>C</u>	.01	Suitability of the Home
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<u>C</u>	.02	Lead-Safe Environment
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CHAPTER 06 PROVIDER REQUIREMENTS

<u>C</u>	.03	Provider Substitute
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<u>C</u>	.04	Additional Adult
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<u>C</u>	.05	Volunteers
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CHAPTER 07 CHILD PROTECTION

<u>C</u>	.03	Applicability to Residents
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<u>C</u>	.05	Parental Access
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<u>C</u>	.06	Authorized Release
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CHAPTER 08 CHILD SUPERVISION

<u>C</u>	.02	Off-Site Supervision
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<u>C</u>	.04	Water Activity Supervision
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<u>C</u>	.05	Overnight Care Supervision
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CHAPTER 09 PROGRAM REQUIREMENTS

<u>C</u>	.01	Activities
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<u>C</u>	.02	Materials/Equipment
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<u>C</u>	.03	Rest Periods
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CHAPTER 10 SAFETY

<u>C</u>	.01	Emergency Safety
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<u>C</u>	.03	Outdoor Safety
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<u>C</u>	.04	Water Safety
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<u>C</u>	.05	Transportation Safety
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CHAPTER 11 HEALTH

<u>C</u>	.01	Child Comfort/Welfare
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<u>C</u>	.02	Exclusion for Acute Illness
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<u>C</u>	.03	Infectious/Communicable Diseases
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<u>C</u>	.04	Medication Administration/Storage
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<u>C</u>	.05	Smoking
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<u>C</u>	.06	Consumption of Alcohol/Drugs
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CHAPTER 12 NUTRITION

C.01 Nutrition/Food Served
C.02 Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

C.01 Inspections

*amended
Request*

Signature of Provider

Erin Handley

Signature of Agency Representative
Erin Handley

10/02/2020

Date