

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 12/17/2020 10:00 AM		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr> <td style="width: 30px;"></td> <td>Initial Application</td> </tr> <tr> <td></td> <td>Conversion</td> </tr> <tr> <td></td> <td>Mandatory Review</td> </tr> <tr> <td style="text-align: center;">✓</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> ☐ Follow Up		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 style="text-align: center;">2</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>2's</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>3's</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>4's</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5's (pre-school)</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5-12 (school-age)</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">8</td> <td style="text-align: center;">5</td> <td style="text-align: center;">0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td style="text-align: center;">8</td> <td style="text-align: center;">5</td> <td></td> </tr> <tr> <td>Overnight</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">XXXXXX</td> </tr> <tr> <td>Head Start</td> <td style="text-align: center;">XXXXXXXX</td> <td style="text-align: center;">0</td> <td style="text-align: center;">XXXXXX</td> <td style="text-align: center;">XXXXXX</td> </tr> </table>					AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	2	0	0	0	2's	● Y N	0	0	0	3's	● Y N	0	0	0	4's	● Y N	0	0	0	5's (pre-school)	● Y N	0	0	0	5-12 (school-age)	● Y N	8	5	0	TOTAL		8	5		Overnight		0	0	XXXXXX	Head Start	XXXXXXXX	0	XXXXXX	XXXXXX
INSPECTION TYPE																																																																										
	Initial Application																																																																									
	Conversion																																																																									
	Mandatory Review																																																																									
✓	Full																																																																									
	Complaint Investigation																																																																									
	Monitoring																																																																									
	Other																																																																									
AGES	Registered for	# Enrolled	# Present	Resident Children																																																																						
0-23 Months	2	0	0	0																																																																						
2's	● Y N	0	0	0																																																																						
3's	● Y N	0	0	0																																																																						
4's	● Y N	0	0	0																																																																						
5's (pre-school)	● Y N	0	0	0																																																																						
5-12 (school-age)	● Y N	8	5	0																																																																						
TOTAL		8	5																																																																							
Overnight		0	0	XXXXXX																																																																						
Head Start	XXXXXXXX	0	XXXXXX	XXXXXX																																																																						
PROVIDER ID: 7201																																																																										
REGISTRATION #: 21940																																																																										
JURISDICTION:																																																																										
REGION: 8	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: Joyce Watson																																																																										
CO-PROVIDER:																																																																										
ADDRESS: 515 N Main Street Greensboro MD 21639																																																																										
PERSONS INTERVIEWED: Joyce																																																																										
TITLE(S): Provider																																																																										
TELEPHONE: (410) 482-8904		E-MAIL: kjwatson81@comcast.net ● 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.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = 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.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

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
--------------	---------------

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

<u>C</u> .02	Admission to Care
<u>C</u> .03	Program Records
<u>D</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**INSTRUCTIONS:** The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable****CHAPTER 04 OPERATIONAL REQUIREMENTS**C.01 Hours of CareC.02 Age Group Enrollment**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**C.01 Suitability of the HomeC.02 Lead-Safe Environment**CHAPTER 06 PROVIDER REQUIREMENTS**C.03 Provider SubstituteC.04 Additional AdultC.05 Volunteers**CHAPTER 07 CHILD PROTECTION**C.03 Applicability to ResidentsC.05 Parental AccessC.06 Authorized Release**CHAPTER 08 CHILD SUPERVISION**C.02 Off-Site SupervisionC.04 Water Activity SupervisionC.05 Overnight Care Supervision**CHAPTER 09 PROGRAM REQUIREMENTS**C.01 ActivitiesC.02 Materials/EquipmentC.03 Rest Periods**CHAPTER 10 SAFETY**C.01 Emergency SafetyC.03 Outdoor SafetyC.04 Water SafetyC.05 Transportation Safety**CHAPTER 11 HEALTH**C.01 Child Comfort/WelfareC.02 Exclusion for Acute IllnessC.03 Infectious/Communicable DiseasesC.04 Medication Administration/StorageC.05 SmokingC.06 Consumption of Alcohol/Drugs

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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

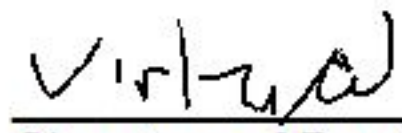
C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

CHAPTER 12 NUTRITION

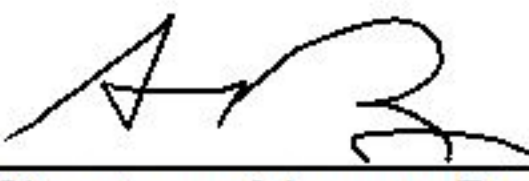
C.01 Nutrition/Food Served
C.02 Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

C.01 Inspections



Signature of Provider



Signature of Agency Representative
Abbygail Brunns

12/17/2020

Date