

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 12/3/2020 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> <tr><td>☐</td><td>Follow Up</td></tr> </table>		INSPECTION TYPE		☐	Initial Application	☐	Conversion	☐	Mandatory Review	☒	Full	☐	Complaint Investigation	☐	Monitoring	☐	Other	☐	Follow Up	<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>0</td><td>0</td><td>0</td></tr> <tr> <td>2's</td><td>● Y N</td><td>0</td><td>2</td><td>0</td></tr> <tr> <td>3's</td><td>● Y N</td><td>0</td><td>0</td><td>0</td></tr> <tr> <td>4's</td><td>● Y N</td><td>0</td><td>1</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></td><td>3</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></td><td>XXXXXX</td><td>XXXXXX</td></tr> </table>					AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	2	0	0	0	2's	● Y N	0	2	0	3's	● Y N	0	0	0	4's	● Y N	0	1	0	5's (pre-school)	● Y N	0	0	0	5-12 (school-age)	● Y N	0	0	0	TOTAL			3		Overnight		0	0	XXXXXX	Head Start	XXXXXXXX		XXXXXX	XXXXXX
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PROVIDER ID: 8853																																																																												
REGISTRATION #: 43614																																																																												
JURISDICTION:																																																																												
REGION: 3		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: Theresa Swayne																																																																												
CO-PROVIDER:																																																																												
ADDRESS: 805 Jeannette Avenue Baltimore MD 21222																																																																												
PERSONS INTERVIEWED: Theresa Swayne																																																																												
TITLE(S): Provider																																																																												
TELEPHONE: (443) 610-6543			E-MAIL: tms218@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.

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.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = 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
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CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

<u>N</u> .02	Admission to Care
<u>C</u> .03	Program Records
<u>N</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

Signature on file

Signature of Provider

DLorenzo

Signature of Agency Representative

Donna Lorenzo

12/03/2020

Date