

# FAMILY CHILD CARE HOME INSPECTION REPORT

|                                                                                                                                |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| INSPECTION DATE/TIME/DURATION:<br>4/20/2023 9:00 AM                                                                            |  |  |  |  |  |
| PROVIDER ID:<br><b>10167</b>                                                                                                   |  |  |  |  |  |
| REGISTRATION #:<br><b>112290</b>                                                                                               |  |  |  |  |  |
| JURISDICTION:                                                                                                                  |  |  |  |  |  |
|                                                                                                                                |  |  |  |  |  |
| REGION:<br><b>5</b>                                                                                                            |  |  |  |  |  |
| EXCELS LEVEL:<br><b>2</b>                                                                                                      |  |  |  |  |  |
| ACCREDITED BY:                                                                                                                 |  |  |  |  |  |
| EXP DATE:                                                                                                                      |  |  |  |  |  |
| HOMEOWNER'S INSURANCE COVERAGE:                                                                                                |  |  |  |  |  |
| EXP DATE:                                                                                                                      |  |  |  |  |  |
| BUSINESS NAME:                                                                                                                 |  |  |  |  |  |
| PROVIDER NAME:<br><b>Robin Cannon</b>                                                                                          |  |  |  |  |  |
| CO-PROVIDER:                                                                                                                   |  |  |  |  |  |
| ADDRESS:<br><b>10909 Show Pony Pl                                  Damascus                                  MD      20872</b> |  |  |  |  |  |
| PERSONS INTERVIEWED:<br><b>Robin Cannon</b>                                                                                    |  |  |  |  |  |
| TITLE(S):<br><b>Provider</b>                                                                                                   |  |  |  |  |  |
| TELEPHONE:<br><b>(301) 257-5655</b>                                                                                            |  |  |  |  |  |
| E-MAIL:<br><b>rcannon5655@gmail.com</b>                                                                                        |  |  |  |  |  |
| Verified N/A                                                                                                                   |  |  |  |  |  |

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| <b>PART 1 - MANDATORY REVIEW ITEMS</b> |
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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.

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| <b><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</b> |
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|                    |                                     |                 |                                                    |
|--------------------|-------------------------------------|-----------------|----------------------------------------------------|
| <u>C</u> .02.01D   | Certificate Conspicuously Displayed | <u>C</u> .06.02 | Training Requirements                              |
| <u>C</u> .03.04A   | Emergency Forms                     | <u>C</u> .07.01 | Prohibition of Abuse, Neglect, Injurious Treatment |
| <u>C</u> .03.05C-E | Notification of Changes             | <u>C</u> .07.02 | Abuse and Neglect Reporting                        |
| <u>C</u> .04.03    | Child Capacity                      | <u>C</u> .07.04 | Child Discipline                                   |
| <u>C</u> .05.03    | Cleanliness and Sanitation          | <u>C</u> .07.07 | Child Security                                     |
| <u>C</u> .05.04    | Rooms Used for Care                 | <u>N</u> .08.01 | General Child Supervision                          |
| <u>D</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                                   |

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| <b>PART 2 – GENERAL COMPLIANCE REVIEW</b> |
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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 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

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| <b>PART 2 – GENERAL COMPLIANCE REVIEW, CON'T</b> |
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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**X.01 Hours of CareX.02 Age Group Enrollment**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**X.01 Suitability of the HomeX.02 Lead-Safe Environment**CHAPTER 06 PROVIDER REQUIREMENTS**X.03 Provider SubstituteX.04 Additional AdultX.05 Volunteers**CHAPTER 07 CHILD PROTECTION**X.03 Applicability to ResidentsX.05 Parental AccessX.06 Authorized Release**CHAPTER 08 CHILD SUPERVISION**X.02 Off-Site SupervisionX.03 Water Activity SupervisionX.04 Overnight Care Supervision**CHAPTER 09 PROGRAM REQUIREMENTS**X.01 ActivitiesX.02 Materials/EquipmentX.03 Rest Periods**CHAPTER 10 SAFETY**X.01 Emergency SafetyX.03 Outdoor SafetyX.04 Water SafetyX.05 Transportation Safety**CHAPTER 11 HEALTH**X.01 Child Comfort/WelfareX.02 Exclusion for Acute IllnessX.03 Infectious/Communicable DiseasesX.04 Medication Administration/StorageX.05 SmokingX.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  
X.06 Emergency Suspension



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



\_\_\_\_\_  
Signature of Agency Representative  
Sarah Zaccaria

**4/20/2023**

\_\_\_\_\_  
Date