# FAMILY CHILD CARE HOME INSPECTION REPORT

| |
|---|
| INSPECTION DATE/TIME/DURATION: 9/20/2023 9:15 AM |
| PROVIDER ID: 8077 |
| REGISTRATION #: 109161 |
| JURISDICTION: |

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

☐ Follow Up

| AGES | Registered for | # Enrolled | # Present | Resident Children |
|---|---|---|---|---|
| 0-23 Months | 2 | 2 | 2 | 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 | 0 | 0 | 0 |
| **TOTAL** | | 2 | 2 | 0 |
| Overnight | | 0 | 0 | XXXXXX |
| Head Start | XXXXXX | 0 | XXXXXX | XXXXXX |

| | | |
|---|---|---|
| REGION: 1 | Fatality: 0 | Serious Injury: 0 |
| EXCELS LEVEL: 4 | COMPLAINT #: | |

| | | |
|---|---|---|
| ACCREDITED: ● Y ☐ N | ACCREDITED BY: NAFCC | EXP DATE: 7/01/2025 |
| HOMEOWNER'S INSURANCE COVERAGE: ☐ N/A ● Y ☐ N | | EXP DATE: 10/04/2024 |

BUSINESS NAME:

PROVIDER NAME:

Gaye Schaum

CO-PROVIDER:

ADDRESS:

513 French Point Court Millersville MD 21108

PERSONS INTERVIEWED:

Gaye Schaum

TITLE(S):

Provider

| | |
|---|---|
| TELEPHONE: (410) 841-8277 | E-MAIL: gayeschaum@verizon.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**

| | | | |
|---|---|---|---|
| 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 | |
| C ____ | **.05.05** | Outdoor Activity Area | |
| C ____ | **.05.06** | Rest Furnishings | |
| C ____ | **.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 ____ | **.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**

| | | |
|---|---|---|
| C ____ | **.03B** | Continuing Registration |
| C ____ | **.04B** | Conditional Status |

**CHAPTER 03 MANAGEMENT & ADMINISTRATION**

| | | |
|---|---|---|
| C ____ | **.01** | Advertisement |

**CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T**

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

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**CHAPTER 04 OPERATIONAL REQUIREMENTS**

C ____.01 Hours of Care

C ____.02 Age Group Enrollment

**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**

C ____.01 Suitability of the Home

C ____.02 Lead-Safe Environment

**CHAPTER 06 PROVIDER REQUIREMENTS**

C ____.03 Provider Substitute

C ____.04 Additional Adult

C ____.05 Volunteers

**CHAPTER 07 CHILD PROTECTION**

C ____.03 Applicability to Residents

C ____.05 Parental Access

C ____.06 Authorized Release

**CHAPTER 08 CHILD SUPERVISION**

C ____.02 Off-Site Supervision

C ____.03 Water Activity Supervision

NA ____.04 Overnight Care Supervision

**CHAPTER 09 PROGRAM REQUIREMENTS**

C ____.01 Activities

C ____.02 Materials/Equipment

C ____.03 Rest Periods

**CHAPTER 10 SAFETY**

C ____.01 Emergency Safety

C ____.03 Outdoor Safety

C ____.04 Water Safety

NA ____.05 Transportation Safety

**CHAPTER 11 HEALTH**

C ____.01 Child Comfort/Welfare

C ____.02 Exclusion for Acute Illness

C ____.03 Infectious/Communicable Diseases

C ____.04 Medication Administration/Storage

C ____.05 Smoking

C ____.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 |
| C | **.06** | Emergency Suspension |

| Signature of Provider | Signature of Agency Representative | Date |
|---|---|---|
| | Racheal Brown | 9/20/2023 |