

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 12/27/2023 3:20 PM		INSPECTION TYPE		<table border="1"><thead><tr><th>AGES</th><th>Registered for</th><th># Enrolled</th><th># Present</th><th>Resident Children</th></tr></thead><tbody><tr><td>0-23 Months</td><td>4</td><td>2</td><td>2</td><td>0</td></tr><tr><td>2's</td><td>● Y N</td><td>2</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>2</td><td>2</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>1</td><td>1</td><td>0</td></tr><tr><td>TOTAL</td><td></td><td>7</td><td>6</td><td>0</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></tbody></table>						AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	4	2	2	0	2's	● Y N	2	2	0	3's	● Y N	0	0	0	4's	● Y N	2	2	0	5's (pre-school)	● Y N	0	0	0	5-12 (school-age)	● Y N	1	1	0	TOTAL		7	6	0	Overnight		0	0	XXXXXX	Head Start	XXXXXXXX	0	XXXXXX	XXXXXX
AGES	Registered for	# Enrolled	# Present	Resident Children																																																							
0-23 Months	4	2	2	0																																																							
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5's (pre-school)	● Y N	0	0	0																																																							
5-12 (school-age)	● Y N	1	1	0																																																							
TOTAL		7	6	0																																																							
Overnight		0	0	XXXXXX																																																							
Head Start	XXXXXXXX	0	XXXXXX	XXXXXX																																																							
PROVIDER ID: 459544																																																											
REGISTRATION #: 257304																																																											
JURISDICTION:																																																											
REGION: 11		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: Destiny Calling Child Care ,Inc.																																																											
PROVIDER NAME: Vicki Barham																																																											
CO-PROVIDER:																																																											
ADDRESS: 37 Marie Lane Elkton MD 21921																																																											
PERSONS INTERVIEWED: Allen Barham																																																											
TITLE(S): Substitute																																																											
TELEPHONE: (443) 935-1741				E-MAIL: admind@destinycallingacademy.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>N</u>	.06.02	Training Requirements
<u>D</u>	.03.04A	Emergency Forms	<u>D</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>N</u>	.05.03	Cleanliness and Sanitation	<u>C</u>	.07.07	Child Security
<u>C</u>	.05.04	Rooms Used for Care	<u>C</u>	.08.01	General Child Supervision
<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

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

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

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.

<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 04 OPERATIONAL REQUIREMENTS

X.01 Hours of Care

X.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

X.01 Suitability of the Home

X.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

X.03 Provider Substitute

X.04 Additional Adult

X.05 Volunteers

CHAPTER 07 CHILD PROTECTION

X.03 Applicability to Residents

X.05 Parental Access

X.06 Authorized Release

CHAPTER 08 CHILD SUPERVISION

X.02 Off-Site Supervision

X.03 Water Activity Supervision

X.04 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

X.01 Activities

X.02 Materials/Equipment

X.03 Rest Periods

CHAPTER 10 SAFETY

X.01 Emergency Safety

X.03 Outdoor Safety

X.04 Water Safety

X.05 Transportation Safety

CHAPTER 11 HEALTH

X.01 Child Comfort/Welfare

X.02 Exclusion for Acute Illness

X.03 Infectious/Communicable Diseases

X.04 Medication Administration/Storage

X.05 Smoking

X.06 Consumption of Alcohol/Drugs

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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CHAPTER 12 NUTRITION

N.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
Betty Johnson

12/27/2023

Date