

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 9/20/2023 10:09 AM		<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> </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>4</td> <td>2</td> <td>1</td> <td>0</td> </tr> <tr> <td>2's</td> <td>☒ Y ☐ N</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>3's</td> <td>☒ Y ☐ N</td> <td>2</td> <td>1</td> <td>0</td> </tr> <tr> <td>4's</td> <td>☒ Y ☐ N</td> <td>0</td> <td>0</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>5</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>0</td> <td>XXXXXX</td> <td>XXXXXX</td> </tr> </table>			AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	4	2	1	0	2's	☒ Y ☐ N	1	1	0	3's	☒ Y ☐ N	2	1	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		5	3		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	4	2	1	0																																																																				
2's	☒ Y ☐ N	1	1	0																																																																				
3's	☒ Y ☐ N	2	1	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		5	3																																																																					
Overnight		0	0	XXXXXX																																																																				
Head Start	XXXXXXXX	0	XXXXXX	XXXXXX																																																																				
PROVIDER ID: 406664																																																																								
REGISTRATION #: 253684																																																																								
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:																																																																								
PROVIDER NAME: Donnita Adams-Wheeler																																																																								
CO-PROVIDER:																																																																								
ADDRESS: 610 Boxelder Drive Edgewood MD 21040																																																																								
PERSONS INTERVIEWED: Donnita Adams Wheeler																																																																								
TITLE(S): Provider																																																																								
TELEPHONE: (443) 865-3923		E-MAIL: my4sonzdaycare@yahoo.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>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>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
--

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 REQUIREMENTSX.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

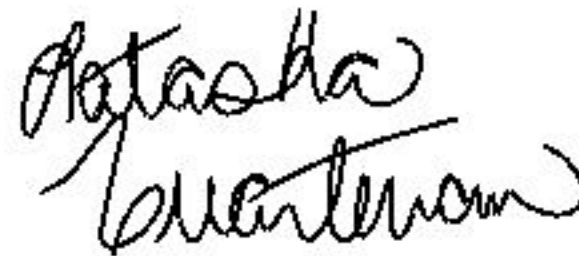
X.01 Nutrition/Food Served
X.02 Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X.01 Inspections
X.06 Emergency Suspension



Signature of Provider



Signature of Agency Representative
Latasha Quarterman

9/22/2023

Date