

**CHILD CARE CENTER INSPECTION REPORT**

| INSPECTION DATE/TIME/DURATION:<br><b>7/15/2024 11:05 AM</b>                                               |                                                                  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="2">INSPECTION TYPE</th></tr> <tr><td><input type="checkbox"/></td><td>Initial Application</td></tr> <tr><td><input type="checkbox"/></td><td>Conversion</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Mandatory Review</td></tr> <tr><td><input type="checkbox"/></td><td>Full</td></tr> <tr><td><input type="checkbox"/></td><td>Complaint Investigation</td></tr> <tr><td><input type="checkbox"/></td><td>Monitoring</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> <tr><td><input type="checkbox"/></td><td>Follow Up</td></tr> </table> |           | INSPECTION TYPE                                                                      |  | <input type="checkbox"/> | Initial Application | <input type="checkbox"/> | Conversion | <input checked="" type="checkbox"/> | Mandatory Review | <input type="checkbox"/> | Full | <input type="checkbox"/> | Complaint Investigation | <input type="checkbox"/> | Monitoring | <input type="checkbox"/> | Other | <input type="checkbox"/> | Follow Up | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="4">Approved Capacity <b>64</b></th></tr> <tr> <th>AGES</th> <th>Licensed for</th> <th># Enrolled</th> <th># Present</th> </tr> <tr><td>6 wks. – 17mos.</td><td><input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td><td>9</td><td>6</td></tr> <tr><td>18 mos. – 23 mos.</td><td><input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td><td>9</td><td>0</td></tr> <tr><td>2's</td><td><input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td><td>12</td><td>10</td></tr> <tr><td>3's</td><td><input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td><td>10</td><td>5</td></tr> <tr><td>4's</td><td><input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td><td>20</td><td>5</td></tr> <tr><td>5's (pre-school)</td><td><input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td><td>20</td><td>14</td></tr> <tr><td>5-15 (school-age)</td><td><input checked="" type="checkbox"/> Y <input type="checkbox"/> N</td><td>10</td><td>10</td></tr> <tr><td><b>TOTAL</b></td><td></td><td>90</td><td>50</td></tr> <tr><td>Overnight</td><td><input type="checkbox"/> Y <input type="checkbox"/> N</td><td>0</td><td>0</td></tr> <tr><td>Head Start</td><td>XXXXXXX</td><td>0</td><td>XXXXXX</td></tr> </table> |  | Approved Capacity <b>64</b> |  |  |  | AGES | Licensed for | # Enrolled | # Present | 6 wks. – 17mos. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 9 | 6 | 18 mos. – 23 mos. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 9 | 0 | 2's | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 12 | 10 | 3's | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 10 | 5 | 4's | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 20 | 5 | 5's (pre-school) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 20 | 14 | 5-15 (school-age) | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 10 | 10 | <b>TOTAL</b> |  | 90 | 50 | Overnight | <input type="checkbox"/> Y <input type="checkbox"/> N | 0 | 0 | Head Start | XXXXXXX | 0 | XXXXXX |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------|--|--------------------------|---------------------|--------------------------|------------|-------------------------------------|------------------|--------------------------|------|--------------------------|-------------------------|--------------------------|------------|--------------------------|-------|--------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|--|--|------|--------------|------------|-----------|-----------------|------------------------------------------------------------------|---|---|-------------------|------------------------------------------------------------------|---|---|-----|------------------------------------------------------------------|----|----|-----|------------------------------------------------------------------|----|---|-----|------------------------------------------------------------------|----|---|------------------|------------------------------------------------------------------|----|----|-------------------|------------------------------------------------------------------|----|----|--------------|--|----|----|-----------|-------------------------------------------------------|---|---|------------|---------|---|--------|
| INSPECTION TYPE                                                                                           |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| <input type="checkbox"/>                                                                                  | Initial Application                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| <input type="checkbox"/>                                                                                  | Conversion                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| <input checked="" type="checkbox"/>                                                                       | Mandatory Review                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| <input type="checkbox"/>                                                                                  | Full                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| <input type="checkbox"/>                                                                                  | Complaint Investigation                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| <input type="checkbox"/>                                                                                  | Monitoring                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| <input type="checkbox"/>                                                                                  | Other                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| <input type="checkbox"/>                                                                                  | Follow Up                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| Approved Capacity <b>64</b>                                                                               |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| AGES                                                                                                      | Licensed for                                                     | # Enrolled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | # Present |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| 6 wks. – 17mos.                                                                                           | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6         |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| 18 mos. – 23 mos.                                                                                         | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0         |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| 2's                                                                                                       | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10        |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| 3's                                                                                                       | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5         |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| 4's                                                                                                       | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5         |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| 5's (pre-school)                                                                                          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 14        |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| 5-15 (school-age)                                                                                         | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10        |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| <b>TOTAL</b>                                                                                              |                                                                  | 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 50        |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| Overnight                                                                                                 | <input type="checkbox"/> Y <input type="checkbox"/> N            | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0         |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| Head Start                                                                                                | XXXXXXX                                                          | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | XXXXXX    |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| PROVIDER ID:<br><b>440631</b>                                                                             |                                                                  | COMPLAINT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| LICENSE #:<br><b>255849</b>                                                                               |                                                                  | JURISDICTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| REGION:<br><b>3</b>                                                                                       |                                                                  | Fatality: <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | Serious Injury: <b>0</b>                                                             |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| EXCELS LEVEL:<br><b>2</b>                                                                                 |                                                                  | NURSERY SCHOOL: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           | HEAD START PROGRAM: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| ACCREDITED: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |                                                                  | ACCREDITED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | EXP DATE:                                                                            |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| WORKERS COMPENSATION INSURANCE COVERAGE: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | EXP DATE:<br>10/01/2024                                                              |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| OPERATOR NAME:<br><b>Berry, Doniqueka / Playtime Child Care Center, Inc.</b>                              |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| FACILITY NAME:<br><b>Playtimes Child Care Center</b>                                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| ADDRESS:<br><b>313 Back River Neck Rd</b> <b>Essex</b> <b>MD</b> <b>21221</b>                             |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| PERSON(S) INTERVIEWED:<br><b>Taria Byrd</b>                                                               |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| TITLE(S):<br><b>Teacher</b>                                                                               |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                      |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                  |    |    |     |                                                                  |    |   |     |                                                                  |    |   |                  |                                                                  |    |    |                   |                                                                  |    |    |              |  |    |    |           |                                                       |   |   |            |         |   |        |
| TELEPHONE:<br><b>(443) 868-3665</b>                                                                       |                                                                  | E-MAIL:<br><b>Playtimeschildcarecenter@gmail.com</b> <input checked="" type="radio"/> Verified <input type="radio"/> 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> | .02.01E        | License Conspicuously Displayed         | <u>C</u> | .07.06     | Child Security                      |
| <u>C</u> | .03.05B        | Staffing Pattern Posted                 | <u>C</u> | .08.01A    | Child Supervision                   |
| <u>C</u> | .03.06A        | Notifications                           | <u>C</u> | .08.02B    | Qualified Staff in Charge of Groups |
| <u>C</u> | .04.01         | Capacity                                | <u>C</u> | .08.03     | Group Size and Staffing             |
| <u>C</u> | .05.01A        | Building Safety                         | <u>C</u> | .08.07     | Playground Supervision              |
| <u>C</u> | .05.08B        | Sanitary Facilities and Supplies        | <u>C</u> | .08.08     | Rest Time Supervision               |
| <u>C</u> | .05.11         | General Cleanliness                     | <u>C</u> | .09.04F    | No Soft Bedding with Cribs          |
| <u>C</u> | .05.12         | Outdoor Activity Area                   | <u>C</u> | .10.01A(4) | Emergency Escape Route Posted       |
| <u>C</u> | .06.05C        | Director – Continued Training           | <u>C</u> | .10.01C    | Emergency Contact Information       |
| <u>C</u> | .06.09C        | Preschool Teacher – Continued Training  | <u>C</u> | .10.03     | Safe Use of Materials and Equipment |
| <u>C</u> | .06.10C        | School-age Teacher – Continued Training | <u>C</u> | .10.04     | Potentially Hazardous Items         |
| <u>C</u> | .06.11C        | Asst. Teacher – Continued Training      | <u>C</u> | .10.05     | Rest Time Safety                    |
| <u>C</u> | .06.12B(1)-(3) | Aides – Continued Training              | <u>C</u> | .12.04A    | Food Safety                         |
| <u>C</u> | .07.02         | Abuse and Neglect Reporting             |          |            |                                     |

## PART 2 – GENERAL COMPLIANCE REVIEW

- 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**

### CHAPTER 02 LICENSE APPLICATION & MAINTENANCE

|          |      |                                  |
|----------|------|----------------------------------|
| <u>X</u> | .03C | Maintaining a Continuing license |
| <u>X</u> | .04B | Conditional status               |

### CHAPTER 03 MANAGEMENT & ADMINISTRATION

|          |     |                       |
|----------|-----|-----------------------|
| <u>X</u> | .01 | Multi-site facilities |
| <u>X</u> | .02 | Admission to care     |

|          |     |                        |
|----------|-----|------------------------|
| <u>X</u> | .03 | Program records        |
| <u>X</u> | .04 | Child records          |
| <u>X</u> | .05 | Staff records [exc. B] |
| <u>X</u> | .06 | Notifications [exc. A] |
| <u>X</u> | .07 | Change of operation    |

**PART 2 – GENERAL COMPLIANCE REVIEW, CON'T**

- 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**

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

X  
 \_\_\_\_\_.08 Variances

X  
 \_\_\_\_\_.09 Advertisement

**CHAPTER 04 OPERATIONAL REQUIREMENTS**

X  
 \_\_\_\_\_.02 Enrollment and Attendance

**CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT**

X  
 \_\_\_\_\_.01 Building Safety [exc. A]

X  
 \_\_\_\_\_.02 Accessibility

X  
 \_\_\_\_\_.03 Indoor Space

X  
 \_\_\_\_\_.04 Building Repair and Maintenance

X  
 \_\_\_\_\_.05 Lead-Safe Environment

X  
 \_\_\_\_\_.06 Ventilation and Temperature

X  
 \_\_\_\_\_.07 Water Supply

X  
 \_\_\_\_\_.08 Sanitary Facilities and Supplies [exc. B]

X  
 \_\_\_\_\_.09 Lighting

X  
 \_\_\_\_\_.10 Telephone and Communication

X  
 \_\_\_\_\_.13 Swimming Facilities

**CHAPTER 06 STAFF REQUIREMENTS**

X  
 \_\_\_\_\_.01 Minimum Staff Age

X  
 \_\_\_\_\_.02 Staff Orientation

X  
 \_\_\_\_\_.03 Suitability for Employment

X  
 \_\_\_\_\_.04 Staff Health

X  
 \_\_\_\_\_.05 Directors of All Child Care Centers [exc. C]

X  
 \_\_\_\_\_.06 Directors – Preschool Centers

X  
 \_\_\_\_\_.07 Directors – School Age Centers

X  
 \_\_\_\_\_.08 Directors – Combined Age Centers

X  
 \_\_\_\_\_.09 Child Care Teachers – Preschool [exc. C]

X  
 \_\_\_\_\_.10 Child Care Teachers – School Age [exc. C]

X  
 \_\_\_\_\_.11 Assistant Child Care Teachers [exc. C]

X  
 \_\_\_\_\_.12 Aides [exc. B(1)-(3)]

X  
 \_\_\_\_\_.13 Substitutes

X  
 \_\_\_\_\_.14 Support Personnel

X  
 \_\_\_\_\_.15 Volunteers

**CHAPTER 07 CHILD PROTECTION**

X  
 \_\_\_\_\_.01 Prohibition of Abuse, Neglect, Injurious Treatment

X  
 \_\_\_\_\_.03 Child Discipline

X  
 \_\_\_\_\_.04 Parental Access

X  
 \_\_\_\_\_.05 Authorized Release

**PART 2 – GENERAL COMPLIANCE REVIEW, CON'T**

- 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**

**CHAPTER 08 CHILD SUPERVISION**

- X .01 Individualized Attention/Care [exc. A]  
X .02 Supervision by Qualified Staff [exc. B]  
X .04 Variations in Group Size  
X .05 Supervision during Water Activities  
X .06 Supervision during Transportation

**CHAPTER 09 PROGRAM REQUIREMENTS**

- X .01 Schedule of Daily Activities  
X .02 Activity Plans for Infants and Toddlers  
X .03 Activity Materials, Equipment, Furnishings  
X .04 Rest Furnishings [exc. F]  
X .05 Infant and Toddler Equipment  
X .06 Storage

**CHAPTER 10 SAFETY**

- X .01 Emergency Safety Requirements [exc. A(4) & C]  
X .02 First Aid/CPR  
X .06 Transportation

**CHAPTER 11 HEALTH**

- X .01 Exclusion for Acute Illness  
X .02 Infectious and Communicable Diseases  
X .03 Preventing Spread of Diseases  
X .04 Medication Administration/Storage  
X .05 Smoking  
X .06 Alcohol and Drugs

**CHAPTER 12 NUTRITION**

- X .01 Food Service  
X .02 Modified Diet  
X .03 Food Sources  
X .04 Food Storage and Preparation [exc. A]  
X .05 Food Preparation Area and Equipment  
X .06 Infant Feeding

**CHAPTER 13 CENTERS FOR CHILDREN WITH ACUTE ILLNESS**

- X .03 Approved Plan of Operation  
X .04 Director Requirements  
X .05 Use of Health Consultant

**PART 2 – GENERAL COMPLIANCE REVIEW, CON'T**

- 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**

**CHAPTER 14 ADOLESCENT CENTERS**

X .01 Approved Plan

**CHAPTER 15 DROP-IN CENTERS**

X .04 Approved Plan

X .06 Admission Requirements

**CHAPTER 16 EDUCATIONAL PROGRAMS**

X .04 Change of Operation

X .06 Personnel Qualifications

X .07 Educational Program

X .08 Child Record

X .09 Health, Fire Safety, Zoning

**CHAPTER 17 INSPECTIONS, COMPLAINTS & ENFORCEMENTS**

X .02 Inspections

X .06 Emergency Suspension



Signature of Facility Representative



Signature of Agency Representative

Darlene McKenzie

7/15/2024

Date