

LARGE CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 1/8/2025 9:00 AM		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr> <td>☐</td> <td>Initial Application</td> </tr> <tr> <td>☐</td> <td>Conversion</td> </tr> <tr> <td>☐</td> <td>Mandatory Review</td> </tr> <tr> <td>☒</td> <td>Full</td> </tr> <tr> <td>☐</td> <td>Complaint Investigation</td> </tr> <tr> <td>☐</td> <td>Monitoring</td> </tr> <tr> <td>☐</td> <td>Other</td> </tr> </table> ☐ Follow Up		INSPECTION TYPE		☐	Initial Application	☐	Conversion	☐	Mandatory Review	☒	Full	☐	Complaint Investigation	☐	Monitoring	☐	Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>AGES</th> <th colspan="2">Registered for</th> <th># Enrolled</th> <th># in Attendance</th> <th>Resident Children</th> </tr> <tr> <td>0 – 23 mos.</td> <td>☒ Y</td> <td>☐ N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>2's</td> <td>☒ Y</td> <td>☐ N</td> <td>5</td> <td>5</td> <td>0</td> </tr> <tr> <td>3's</td> <td>☒ Y</td> <td>☐ N</td> <td>5</td> <td>3</td> <td>0</td> </tr> <tr> <td>4's</td> <td>☒ Y</td> <td>☐ N</td> <td>4</td> <td>1</td> <td>0</td> </tr> <tr> <td>5's (pre-school)</td> <td>☒ Y</td> <td>☐ N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>5-12 (school-age)</td> <td>☒ Y</td> <td>☐ N</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td colspan="2"></td> <td>15</td> <td>9</td> <td></td> </tr> <tr> <td>Overnight</td> <td>☐ Y</td> <td>☐ N</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td>Head Start</td> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> </table>			AGES	Registered for		# Enrolled	# in Attendance	Resident Children	0 – 23 mos.	☒ Y	☐ N	0	0	0	2's	☒ Y	☐ N	5	5	0	3's	☒ Y	☐ N	5	3	0	4's	☒ Y	☐ N	4	1	0	5's (pre-school)	☒ Y	☐ N	0	0	0	5-12 (school-age)	☒ Y	☐ N	1	0	0	TOTAL			15	9		Overnight	☐ Y	☐ N	0	0		Head Start					
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PROVIDER ID: 393535		COMPLAINT #:																																																																																
LICENSE #: 252883		NURSERY SCHOOL: ☐ Y ☒ N		Fatality: 0																																																																														
JURISDICTION:				Serious Injury: 0																																																																														
REGION: 3		ACCREDITED BY:																																																																																
EXCELS LEVEL: 1		ACCREDITED: ☐ Y ☒ N		EXP DATE:																																																																														
		WORKERS COMPENSATION INSURANCE COVERAGE: ☒ Y ☐ N		EXP DATE: 12/11/2025																																																																														
		HOMEOWNER'S INSURANCE COVERAGE: ☒ Y ☐ N		EXP DATE: 12/11/2025																																																																														
PROVIDER NAME: Kimberly Cook																																																																																		
BUSINESS NAME:																																																																																		
ADDRESS: 4910 Black Rock Road Hampstead MD 21074																																																																																		
PERSON(S) INTERVIEWED: Kimberly Cook																																																																																		
TITLE(S): Director																																																																																		
TELEPHONE: (410) 440-1093		E-MAIL: kimcook495@gmail.com																																																																																
		☒ Verified ☐ N/A																																																																																

PART 1 - MANDATORY REVIEW ITEMS

INSTRUCTIONS: (1) Review each regulation that applies to the inspection being conducted.
 (2) The compliance status of an item listed under Part 2 may be recorded when deemed necessary.
 (3) Initial/Resumption/Conversion/Full Inspection - Complete both Part 1 and Part 2.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

<u>C</u> .02.01D	Registration Conspicuously Displayed	<u>C</u> .07.02	Abuse and Neglect Reporting
<u>C</u> .03.04C	Emergency Forms	<u>C</u> .07.06	Child Security
<u>C</u> .03.05B	Staffing Pattern Posted	<u>C</u> .08.01A	Individualized Attention and Care
<u>C</u> .03.06A, E-F	Staff/Resident/ Change Notification	<u>C</u> .08.02B	Supervision by Qualified Staff
<u>C</u> .04.02	Child Capacity	<u>C</u> .08.03	Group Size and Staffing
<u>C</u> .05.03	Rooms Used for Care	<u>C</u> .08.08	Rest Time Supervision
<u>C</u> .05.08B	Diapering Area	<u>C</u> .09.04	Rest Furnishings
<u>C</u> .05.11	Cleanliness and Sanitation	<u>C</u> .10.01A(4)	Emergency Escape Route Posted
<u>C</u> .05.12	Outdoor Activity Area	<u>C</u> .10.01C	Emergency Contact Information
<u>C</u> .06.05G	Director – Continued Training	<u>C</u> .10.04	Potentially Hazardous Items
<u>N</u> .06.06D	Family Child Care Teacher – Continued Training	<u>C</u> .10.05	Rest Time Safety
<u>NA</u> .06.07A(3)-(6)	Aides – Continued Training	<u>C</u> .12.04A	Food Safety

PART 2 – GENERAL COMPLIANCE REVIEW

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

CHAPTER 02 LICENSE APPLICATION & APPLICATION REQUIREMENTS

<u>C</u> .03B	Maintenance of Continuing Registration
<u>C</u> .04B	Conditional Registration

CHAPTER 03 MANAGEMENT & ADMINISTRATION

<u>C</u> .01	Advertisement
<u>C</u> .02	Admission to care
<u>C</u> .03	Program records

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CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

<u>N</u>	.04	Child records (exc. C)
<u>C</u>	.05	Staff records (exc. B)
<u>C</u>	.06	Notifications (exc. A, E, F)
<u>C</u>	.07	Change of operation
<u>C</u>	.08	Variances

CHAPTER 04 OPERATIONAL REQUIREMENTS

<u>C</u>	.01	Hours of Care
<u>C</u>	.03	Enrollment and Attendance

CHAPTER 05 HOME ENVIRONMENT AND EQUIPMENT

<u>C</u>	.01	Suitability of Home
<u>C</u>	.02	Accessibility
<u>C</u>	.04	Home Repair and Maintenance
<u>C</u>	.05	Lead-Safe Environment
<u>C</u>	.06	Ventilation and Temperature
<u>N</u>	.07	Water Supply
<u>C</u>	.08	Sanitary Facilities and Supplies (exc. B)
<u>C</u>	.09	Lighting
<u>C</u>	.10	Telephone and Communication
<u>C</u>	.13	Swimming Facilities

CHAPTER 06 STAFF

<u>C</u>	.01	Minimum Staff Age
<u>C</u>	.02	Staff Orientation
<u>C</u>	.03	Suitability for Employment
<u>C</u>	.04	Staff Health
<u>C</u>	.05	Child Care Home Directors (exc. G)
<u>C</u>	.06	Family Child Care Teachers (exc. D)
<u>NA</u>	.07	Aides (exc. A(3)-(6))
<u>C</u>	.08	Substitutes
<u>C</u>	.09	Support Personnel
<u>C</u>	.10	Volunteers

CHAPTER 07 CHILD PROTECTION

<u>C</u>	.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>C</u>	.03	Child Discipline
<u>C</u>	.04	Parental Access
<u>C</u>	.05	Authorized Release

CHAPTER 08 CHILD SUPERVISION

<u>C</u>	.01	Individualized Attention and Care (exc. A)
<u>C</u>	.02	Supervision by Qualified Staff (exc. B)
<u>C</u>	.04	Variations in Group Size
<u>C</u>	.05	Supervision during Water Activities

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CHAPTER 08 CHILD SUPERVISION, CON'T

C .06 Supervision during Transportation

C .07 Playground Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

C .01 Schedule of Daily Activities for All Children

C .02 Activity Plans for Infants and Toddlers

C .03 Activity Materials, Equipment, Furnishings

C .05 Equipment for Infants and Toddlers

C .06 Storage

CHAPTER 10 SAFETY

C .01 Emergency Safety Requirements [exc. A(4) & C]

C .02 First Aid and CPR

C .03 Safe use of Materials and Equipment

C .06 Transportation

CHAPTER 11 HEALTH

C .01 Exclusion for Acute Illness

C .02 Infectious and Communicable Diseases

CHAPTER 11 HEALTH, CON'T

C .03 Preventing Spread of Diseases

C .04 Medication Administration and Storage

C .05 Smoking

C .06 Alcohol and Drugs

CHAPTER 12 NUTRITION

C .01 Food Service

C .02 Modified Diet

C .03 Food Sources

C .04 Food Storage and Preparation (exc. A)

C .05 Food Preparation Area and Equipment

C .06 Feeding Infants and Toddlers

CHAPTER 13 EDUCATIONAL PROGRAMS

C .06 Personnel Qualifications

C .07 Educational Programs

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CHAPTER 13 EDUCATIONAL PROGRAMS, CON'T

C.08 Child Records

C.09 Health, Fire Safety, Zoning

CHAPTER 14 INSPECTIONS

C.01 Inspections

C.06 Emergency Suspension



Signature of Provider



Signature of Agency Representative
Anna Trzos

1/08/2025

Date