# FAMILY CHILD CARE HOME INSPECTION REPORT

| |
|---|
| INSPECTION DATE/TIME/DURATION: 2/5/2024 2:00 PM |
| PROVIDER ID: 9637 |
| REGISTRATION #: 111029 |
| JURISDICTION: |

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

☐ Follow Up

| AGES | Registered for | # Enrolled | # Present | Resident Children |
|---|---|---|---|---|
| 0-23 Months | 2 | 3 | 2 | 0 |
| 2's | ● Y N | 0 | 0 | 0 |
| 3's | ● Y N | 1 | 0 | 0 |
| 4's | ● Y N | 2 | 2 | 0 |
| 5's (pre-school) | ● Y N | 0 | 0 | 0 |
| 5-12 (school-age) | ● Y N | 3 | 0 | 0 |
| **TOTAL** | | 9 | 4 | |
| Overnight | | 0 | 0 | XXXXXX |
| Head Start | XXXXXX | 0 | XXXXXX | XXXXXX |

| | | |
|---|---|---|
| REGION: 13 | Fatality: 0 | Serious Injury: 0 |
| EXCELS LEVEL: | COMPLAINT #: | |

| | | |
|---|---|---|
| ACCREDITED: ☐ Y ● N | ACCREDITED BY: | EXP DATE: |
| HOMEOWNER'S INSURANCE COVERAGE: ☑ N/A ☐ Y ☐ N | | EXP DATE: |

BUSINESS NAME:

PROVIDER NAME:
Meleah Whetzel

CO-PROVIDER:

ADDRESS:
1720 Antler Lane Finksburg MD 21048

PERSONS INTERVIEWED:
Maleah Whetzel

TITLE(S):
Provider

| | |
|---|---|
| TELEPHONE: (410) 840-2233 | E-MAIL: whetzelfamily@verizon.net ◔ Verified ○ N/A |

## PART 1 - MANDATORY REVIEW ITEMS

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

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

| | | | |
|---|---|---|---|
| C ____ .02.01D | Certificate Conspicuously Displayed | C ____ .06.02 | Training Requirements |
| N ____ .03.04A | Emergency Forms | C ____ .07.01 | Prohibition of Abuse, Neglect, Injurious Treatment |
| C ____ .03.05C-E | Notification of Changes | C ____ .07.02 | Abuse and Neglect Reporting |
| C ____ .04.03 | Child Capacity | C ____ .07.04 | Child Discipline |
| C ____ .05.03 | Cleanliness and Sanitation | C ____ .07.07 | Child Security |
| C ____ .05.04 | Rooms Used for Care | C ____ .08.01 | General Child Supervision |
| C ____ .05.05 | Outdoor Activity Area | C ____ .10.02 | Potentially Hazardous Items |
| C ____ .05.06 | Rest Furnishings | C ____ .10.06 | Rest Time Safety |

## PART 2 – GENERAL COMPLIANCE REVIEW

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

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

### CHAPTER 02 REGISTRATION APPLICATION AND MAINTENANCE

C ____ .03B Continuing Registration

C ____ .04B Conditional Status

### CHAPTER 03 MANAGEMENT & ADMINISTRATION

C ____ .01 Advertisement

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

C ____ .02 Admission to Care

C ____ .03 Program Records

C ____ .04 Child Records **[exc. A]**

C ____ .05 Notifications **[exc. C-E]**

NA ____ .06 Variances

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

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

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

**CHAPTER 04 OPERATIONAL REQUIREMENTS**

C ____.01 Hours of Care

C ____.02 Age Group Enrollment

**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**

C ____.01 Suitability of the Home

C ____.02 Lead-Safe Environment

**CHAPTER 06 PROVIDER REQUIREMENTS**

C ____.03 Provider Substitute

NA ____.04 Additional Adult

NA ____.05 Volunteers

**CHAPTER 07 CHILD PROTECTION**

C ____.03 Applicability to Residents

C ____.05 Parental Access

C ____.06 Authorized Release

**CHAPTER 08 CHILD SUPERVISION**

C ____.02 Off-Site Supervision

C ____.03 Water Activity Supervision

NA ____.04 Overnight Care Supervision

**CHAPTER 09 PROGRAM REQUIREMENTS**

C ____.01 Activities

C ____.02 Materials/Equipment

C ____.03 Rest Periods

**CHAPTER 10 SAFETY**

C ____.01 Emergency Safety

C ____.03 Outdoor Safety

C ____.04 Water Safety

C ____.05 Transportation Safety

**CHAPTER 11 HEALTH**

C ____.01 Child Comfort/Welfare

C ____.02 Exclusion for Acute Illness

C ____.03 Infectious/Communicable Diseases

C ____.04 Medication Administration/Storage

C ____.05 Smoking

C ____.06 Consumption of Alcohol/Drugs

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

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

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

**CHAPTER 12 NUTRITION**

C ____.01 Nutrition/Food Served

C ____.02 Food Storage/Cleanliness

**CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS**

C ____.01 Inspections

C ____.06 Emergency Suspension

| Signature of Provider | Signature of Agency Representative | Date |
|---|---|---|
| | Lisa Warner | 2/05/2024 |