FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 6/27/2024 9:00 AM
PROVIDER ID: 4263
REGISTRATION #: 22481
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	2	1	0
2's	● Y N	1	1	0
3's	● Y N	1	1	0
4's	● Y N	1	1	0
5's (pre-school)	● Y N	2	2	0
5-12 (school-age)	● Y N	0	0	0
TOTAL		7	6	
Overnight		0	0	XXXXXX
Head Start	XXXXXXX	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:

Debra Shipley

CO-PROVIDER:

ADDRESS:

6404 Susquehanna Court Sykesville MD 21784

PERSONS INTERVIEWED:

Debra Shipley

TITLE(S):

Provider

TELEPHONE: (410) 549-2652	E-MAIL: dcgship@comcast.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

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

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CHAPTER 02 REGISTRATION APPLICATION AND MAINTENANCE

X	.03B	Continuing Registration
X	.04B	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

X	.01	Advertisement

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

X	.02	Admission to Care
X	.03	Program Records
X	.04	Child Records **[exc. A]**
X	.05	Notifications **[exc. C-E]**
X	.06	Variances

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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

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

CHAPTER 04 OPERATIONAL REQUIREMENTS

X ____.01 Hours of Care

X ____.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

X ____.01 Suitability of the Home

X ____.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

X ____.03 Provider Substitute

X ____.04 Additional Adult

X ____.05 Volunteers

CHAPTER 07 CHILD PROTECTION

X ____.03 Applicability to Residents

X ____.05 Parental Access

X ____.06 Authorized Release

CHAPTER 08 CHILD SUPERVISION

X ____.02 Off-Site Supervision

X ____.03 Water Activity Supervision

X ____.04 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

X ____.01 Activities

X ____.02 Materials/Equipment

X ____.03 Rest Periods

CHAPTER 10 SAFETY

X ____.01 Emergency Safety

X ____.03 Outdoor Safety

X ____.04 Water Safety

X ____.05 Transportation Safety

CHAPTER 11 HEALTH

X ____.01 Child Comfort/Welfare

X ____.02 Exclusion for Acute Illness

X ____.03 Infectious/Communicable Diseases

X ____.04 Medication Administration/Storage

X ____.05 Smoking

X ____.06 Consumption of Alcohol/Drugs

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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CHAPTER 12 NUTRITION

X ____.01 Nutrition/Food Served

X ____.02 Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X ____.01 Inspections

X ____.06 Emergency Suspension

Signature of Provider	Signature of Agency Representative	Date
	Lisa Warner	6/27/2024