# FAMILY CHILD CARE HOME INSPECTION REPORT

| |
|---|
| INSPECTION DATE/TIME/DURATION: 9/10/2024 9:20 AM |
| PROVIDER ID: 7186 |
| REGISTRATION #: 29825 |
| 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 | 0 | 0 | 0 |
| 2's | ● Y N | 2 | 2 | 0 |
| 3's | ● Y N | 3 | 2 | 0 |
| 4's | ● Y N | 0 | 0 | 0 |
| 5's (pre-school) | ● Y N | 0 | 0 | 0 |
| 5-12 (school-age) | ● Y N | 2 | 0 | 0 |
| **TOTAL** | | 7 | 4 | 0 |
| Overnight | | 0 | 0 | XXXXXX |
| Head Start | XXXXXX | 0 | XXXXXX | XXXXXX |

| | | |
|---|---|---|
| REGION: 10 | 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 Gragan

CO-PROVIDER:

ADDRESS:

24030 Pin Cushion Road Leonardtown MD 20650

PERSONS INTERVIEWED:

Debra Gragan

TITLE(S):

Provider

| | |
|---|---|
| TELEPHONE: (301) 475-2646 | E-MAIL: djgdaycare@md.metrocast.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 | N | .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 |
| D | .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

| | | |
|---|---|---|
| D | .03B | Continuing Registration |
| NA | .04B | Conditional Status |

### CHAPTER 03 MANAGEMENT & ADMINISTRATION

| | | |
|---|---|---|
| C | .01 | Advertisement |

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

| | | |
|---|---|---|
| N | .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.**

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**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 |
| NA | **.06** | Emergency Suspension |

| Signature of Provider | Signature of Agency Representative | Date |
|---|---|---|
| | Janet Hodkiewicz | 9/10/2024 |