# FAMILY CHILD CARE HOME INSPECTION REPORT

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| INSPECTION DATE/TIME/DURATION: 7/12/2024 9:15 AM |
| PROVIDER ID: 330603 |
| REGISTRATION #: 161761 |
| 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 | 1 | 0 | 0 |
| 2's | ● Y N | 2 | 2 | 0 |
| 3's | ● Y N | 1 | 0 | 0 |
| 4's | ● Y N | 1 | 1 | 0 |
| 5's (pre-school) | ● Y N | 1 | 0 | 0 |
| 5-12 (school-age) | ● Y N | 1 | 1 | 0 |
| **TOTAL** | | 7 | 4 | 0 |
| Overnight | | 0 | 0 | XXXXXX |
| Head Start | XXXXXX | 0 | XXXXXX | XXXXXX |

| | | |
|---|---|---|
| REGION: 12 | Fatality: 0 | Serious Injury: 0 |
| EXCELS LEVEL: 1 | COMPLAINT #: | |

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

BUSINESS NAME:

PROVIDER NAME:
Dianna Butt

CO-PROVIDER:

ADDRESS:
82 Main St. Walkersville MD 21793

PERSONS INTERVIEWED:
Dianna Butt

TITLE(S):
Provider

| | |
|---|---|
| TELEPHONE: (301) 514-2521 | E-MAIL: dianna70@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 | |
| N | .03.04A | Emergency Forms | |
| C | .03.05C-E | Notification of Changes | |
| C | .04.03 | Child Capacity | |
| C | .05.03 | Cleanliness and Sanitation | |
| D | .05.04 | Rooms Used for Care | |
| C | .05.05 | Outdoor Activity Area | |
| C | .05.06 | Rest Furnishings | |
| C | .06.02 | Training Requirements | |
| C | .07.01 | Prohibition of Abuse, Neglect, Injurious Treatment | |
| C | .07.02 | Abuse and Neglect Reporting | |
| C | .07.04 | Child Discipline | |
| C | .07.07 | Child Security | |
| C | .08.01 | General Child Supervision | |
| C | .10.02 | Potentially Hazardous Items | |
| 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**

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

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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

C ____ **.04** Additional Adult

C ____ **.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

C ____ **.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

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**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<br>Rebecca Bozarth | 7/18/2024<br>Date |
|---|---|---|