# FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
3/13/2024 10:15 AM

PROVIDER ID:
3683

REGISTRATION #:
127509

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 | 2 | 0 |
| 2's | ● Y N | 2 | 2 | 0 |
| 3's | ● Y N | 2 | 2 | 0 |
| 4's | ● Y N | 1 | 1 | 0 |
| 5's (pre-school) | ● Y N | 1 | 1 | 0 |
| 5-12 (school-age) | ● Y N | 0 | 0 | 0 |
| **TOTAL** | | 8 | 8 | 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:
1/22/2025

BUSINESS NAME:

PROVIDER NAME:
Kimberly Smith

CO-PROVIDER:

ADDRESS:
22207 Cosmos Court Great Mills MD 20634

PERSONS INTERVIEWED:
Kimberly Smith

TITLE(S):
Provider

TELEPHONE:
(301) 904-6003

E-MAIL:
franksmith@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 | 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

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

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

C ____.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

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**

N ____.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**

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

Rachel Holzer

3/13/2024

Date