FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 10/25/2023 11:20 AM

PROVIDER ID: 456768

REGISTRATION #: 256912

JURISDICTION:

INSPECTION TYPE	
	Initial Application
	Conversion
	Mandatory Review
	Full
	Complaint Investigation
	Monitoring
✔	Other Att. 1

☐ Follow Up

AGES	Registered for	# Enrolled	# Present	Resident Children
0-23 Months	4	4	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	0	0	0
5-12 (school-age)	● Y N	0	0	0
TOTAL		9	7	0
Overnight		0	0	XXXXXX
Head Start	XXXXXX	0	XXXXXX	XXXXXX

REGION: 5

Fatality: 0

Serious Injury: 0

EXCELS LEVEL: 1

COMPLAINT #:

ACCREDITED: ● Y ☐ N

ACCREDITED BY: NAFCC

EXP DATE:

HOMEOWNER'S INSURANCE COVERAGE: ☑ N/A ☐ Y ☐ N

EXP DATE:

BUSINESS NAME:

PROVIDER NAME: Lilian Flores

CO-PROVIDER:

ADDRESS: 19620 Gott St Poolesville MD 20837

PERSONS INTERVIEWED: Lilian Flores and Lissette Gutierrez

TITLE(S): Provider and additional adult

TELEPHONE: (301) 693-7807

E-MAIL: kidscornerhome@gmail.com ●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	
X	.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	
C	.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.

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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

C .03 Provider Substitute

C .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

C .01 Activities

C .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

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

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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

Jennifer Thompson

10/25/2023

Date

Attachments

Attachment 1:
Aditional Adult orientation