

# CHILD CARE CENTER INSPECTION REPORT

| INSPECTION DATE/TIME/DURATION:<br><b>5/23/2025 9:47 AM</b>                                                |                                                                                           | <table border="1"> <thead> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> </thead> <tbody> <tr> <td></td> <td>Initial Application</td> </tr> <tr> <td></td> <td>Conversion</td> </tr> <tr> <td>✓</td> <td>Mandatory Review</td> </tr> <tr> <td></td> <td>Full</td> </tr> <tr> <td></td> <td>Complaint Investigation</td> </tr> <tr> <td></td> <td>Monitoring</td> </tr> <tr> <td></td> <td>Other</td> </tr> </tbody> </table> |           | INSPECTION TYPE                                                                      |  |  | Initial Application |  | Conversion | ✓ | Mandatory Review |  | Full |  | Complaint Investigation |  | Monitoring |  | Other | <table border="1"> <thead> <tr> <th colspan="4">Approved Capacity <b>40</b></th> </tr> <tr> <th>AGES</th> <th>Licensed for</th> <th># Enrolled</th> <th># Present</th> </tr> </thead> <tbody> <tr> <td>6 wks. – 17mos.</td> <td>Y <input checked="" type="checkbox"/> N <input type="checkbox"/></td> <td>0</td> <td>0</td> </tr> <tr> <td>18 mos. – 23 mos.</td> <td>Y <input checked="" type="checkbox"/> N <input type="checkbox"/></td> <td>0</td> <td>0</td> </tr> <tr> <td>2's</td> <td><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/></td> <td>0</td> <td>0</td> </tr> <tr> <td>3's</td> <td><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/></td> <td>19</td> <td>18</td> </tr> <tr> <td>4's</td> <td><input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/></td> <td>11</td> <td>7</td> </tr> <tr> <td>5's (pre-school)</td> <td>Y <input checked="" type="checkbox"/> N <input type="checkbox"/></td> <td>0</td> <td>0</td> </tr> <tr> <td>5-15 (school-age)</td> <td>Y <input checked="" type="checkbox"/> N <input type="checkbox"/></td> <td>0</td> <td>0</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td>30</td> <td>25</td> </tr> <tr> <td>Overnight</td> <td>Y <input type="checkbox"/> N <input type="checkbox"/></td> <td>0</td> <td>0</td> </tr> <tr> <td>Head Start</td> <td>XXXXXXX</td> <td>0</td> <td>XXXXXXX</td> </tr> </tbody> </table> |  |  |  | Approved Capacity <b>40</b> |  |  |  | AGES | Licensed for | # Enrolled | # Present | 6 wks. – 17mos. | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | 0 | 0 | 18 mos. – 23 mos. | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | 0 | 0 | 2's | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> | 0 | 0 | 3's | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> | 19 | 18 | 4's | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> | 11 | 7 | 5's (pre-school) | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | 0 | 0 | 5-15 (school-age) | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | 0 | 0 | <b>TOTAL</b> |  | 30 | 25 | Overnight | Y <input type="checkbox"/> N <input type="checkbox"/> | 0 | 0 | Head Start | XXXXXXX | 0 | XXXXXXX |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------|--|--|---------------------|--|------------|---|------------------|--|------|--|-------------------------|--|------------|--|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-----------------------------|--|--|--|------|--------------|------------|-----------|-----------------|------------------------------------------------------------------|---|---|-------------------|------------------------------------------------------------------|---|---|-----|-------------------------------------------------------------------------------------------|---|---|-----|-------------------------------------------------------------------------------------------|----|----|-----|-------------------------------------------------------------------------------------------|----|---|------------------|------------------------------------------------------------------|---|---|-------------------|------------------------------------------------------------------|---|---|--------------|--|----|----|-----------|-------------------------------------------------------|---|---|------------|---------|---|---------|
| INSPECTION TYPE                                                                                           |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
|                                                                                                           | Initial Application                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
|                                                                                                           | Conversion                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| ✓                                                                                                         | Mandatory Review                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
|                                                                                                           | Full                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
|                                                                                                           | Complaint Investigation                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
|                                                                                                           | Monitoring                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
|                                                                                                           | Other                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| Approved Capacity <b>40</b>                                                                               |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| AGES                                                                                                      | Licensed for                                                                              | # Enrolled                                                                                                                                                                                                                                                                                                                                                                                                                     | # Present |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| 6 wks. – 17mos.                                                                                           | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                          | 0                                                                                                                                                                                                                                                                                                                                                                                                                              | 0         |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| 18 mos. – 23 mos.                                                                                         | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                          | 0                                                                                                                                                                                                                                                                                                                                                                                                                              | 0         |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| 2's                                                                                                       | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> | 0                                                                                                                                                                                                                                                                                                                                                                                                                              | 0         |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| 3's                                                                                                       | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> | 19                                                                                                                                                                                                                                                                                                                                                                                                                             | 18        |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| 4's                                                                                                       | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> | 11                                                                                                                                                                                                                                                                                                                                                                                                                             | 7         |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| 5's (pre-school)                                                                                          | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                          | 0                                                                                                                                                                                                                                                                                                                                                                                                                              | 0         |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| 5-15 (school-age)                                                                                         | Y <input checked="" type="checkbox"/> N <input type="checkbox"/>                          | 0                                                                                                                                                                                                                                                                                                                                                                                                                              | 0         |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| <b>TOTAL</b>                                                                                              |                                                                                           | 30                                                                                                                                                                                                                                                                                                                                                                                                                             | 25        |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| Overnight                                                                                                 | Y <input type="checkbox"/> N <input type="checkbox"/>                                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                              | 0         |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| Head Start                                                                                                | XXXXXXX                                                                                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                              | XXXXXXX   |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| PROVIDER ID:<br><b>485523</b>                                                                             |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| LICENSE #:<br><b>258877</b>                                                                               |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| JURISDICTION:                                                                                             |                                                                                           | COMPLAINT #:                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| REGION:<br><b>6</b>                                                                                       |                                                                                           | Fatality: <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                             |           | Serious Injury: <b>0</b>                                                             |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| EXCELS LEVEL:                                                                                             |                                                                                           | NURSERY SCHOOL: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                               |           | HEAD START PROGRAM: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| ACCREDITED: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                              |                                                                                           | ACCREDITED BY:                                                                                                                                                                                                                                                                                                                                                                                                                 |           | EXP DATE:                                                                            |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| WORKERS COMPENSATION INSURANCE COVERAGE: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                |           | EXP DATE:<br><b>5/23/2025</b>                                                        |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| OPERATOR NAME:                                                                                            |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| FACILITY NAME:<br><b>Hope Christian Childcare Center</b>                                                  |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| ADDRESS:<br><b>3165 St John Lane</b> <b>Ellicott City</b> <b>MD</b> <b>21042</b>                          |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| PERSON(S) INTERVIEWED:<br><b>Sun Ryo</b>                                                                  |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| TITLE(S):<br><b>Director</b>                                                                              |                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                      |  |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |                             |  |  |  |      |              |            |           |                 |                                                                  |   |   |                   |                                                                  |   |   |     |                                                                                           |   |   |     |                                                                                           |    |    |     |                                                                                           |    |   |                  |                                                                  |   |   |                   |                                                                  |   |   |              |  |    |    |           |                                                       |   |   |            |         |   |         |
| TELEPHONE:<br><b>(401) 461-1235</b>                                                                       |                                                                                           | E-MAIL:<br><b>hccc@bethelchurch.org</b> <input checked="" type="radio"/> Verified <input type="radio"/> 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**

|                         |                                         |                     |                                     |
|-------------------------|-----------------------------------------|---------------------|-------------------------------------|
| <u>C</u> .02.01E        | License Conspicuously Displayed         | <u>C</u> .07.06     | Child Security                      |
| <u>C</u> .03.05B        | Staffing Pattern Posted                 | <u>C</u> .08.01A    | Child Supervision                   |
| <u>C</u> .03.06A        | Notifications                           | <u>C</u> .08.02B    | Qualified Staff in Charge of Groups |
| <u>C</u> .04.01         | Capacity                                | <u>C</u> .08.03     | Group Size and Staffing             |
| <u>C</u> .05.01A        | Building Safety                         | <u>C</u> .08.07     | Playground Supervision              |
| <u>C</u> .05.08B        | Sanitary Facilities and Supplies        | <u>C</u> .08.08     | Rest Time Supervision               |
| <u>C</u> .05.11         | General Cleanliness                     | <u>NA</u> .09.04F   | No Soft Bedding with Cribs          |
| <u>C</u> .05.12         | Outdoor Activity Area                   | <u>C</u> .10.01A(4) | Emergency Escape Route Posted       |
| <u>D</u> .06.05C        | Director – Continued Training           | <u>C</u> .10.01C    | Emergency Contact Information       |
| <u>D</u> .06.09C        | Preschool Teacher – Continued Training  | <u>C</u> .10.03     | Safe Use of Materials and Equipment |
| <u>NA</u> .06.10C       | School-age Teacher – Continued Training | <u>C</u> .10.04     | Potentially Hazardous Items         |
| <u>NA</u> .06.11C       | Asst. Teacher – Continued Training      | <u>C</u> .10.05     | Rest Time Safety                    |
| <u>D</u> .06.12B(1)-(3) | Aides – Continued Training              | <u>C</u> .12.04A    | Food Safety                         |
| <u>C</u> .07.02         | Abuse and Neglect Reporting             |                     |                                     |

## PART 2 – GENERAL COMPLIANCE REVIEW

- 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**

### CHAPTER 02 LICENSE APPLICATION & MAINTENANCE

|               |                                  |
|---------------|----------------------------------|
| <u>D</u> .03C | Maintaining a Continuing license |
| <u>C</u> .04B | Conditional status               |

### CHAPTER 03 MANAGEMENT & ADMINISTRATION

|               |                       |
|---------------|-----------------------|
| <u>NA</u> .01 | Multi-site facilities |
| <u>C</u> .02  | Admission to care     |

|              |                        |
|--------------|------------------------|
| <u>N</u> .03 | Program records        |
| <u>N</u> .04 | Child records          |
| <u>D</u> .05 | Staff records [exc. B] |
| <u>C</u> .06 | Notifications [exc. A] |
| <u>D</u> .07 | Change of operation    |

**PART 2 – GENERAL COMPLIANCE REVIEW, CON'T**

- 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**

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

C .08 Variances

C .09 Advertisement

**CHAPTER 04 OPERATIONAL REQUIREMENTS**

C .02 Enrollment and Attendance

**CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT**

C .01 Building Safety [exc. A]

C .02 Accessibility

C .03 Indoor Space

C .04 Building Repair and Maintenance

C .05 Lead-Safe Environment

C .06 Ventilation and Temperature

C .07 Water Supply

C .08 Sanitary Facilities and Supplies [exc. B]

C .09 Lighting

C .10 Telephone and Communication

NA .13 Swimming Facilities

**CHAPTER 06 STAFF REQUIREMENTS**

C .01 Minimum Staff Age

C .02 Staff Orientation

C .03 Suitability for Employment

C .04 Staff Health

C .05 Directors of All Child Care Centers [exc. C]

C .06 Directors – Preschool Centers

NA .07 Directors – School Age Centers

NA .08 Directors – Combined Age Centers

C .09 Child Care Teachers – Preschool [exc. C]

NA .10 Child Care Teachers – School Age [exc. C]

NA .11 Assistant Child Care Teachers [exc. C]

C .12 Aides [exc. B(1)-(3)]

C .13 Substitutes

C .14 Support Personnel

C .15 Volunteers

**CHAPTER 07 CHILD PROTECTION**

C .01 Prohibition of Abuse, Neglect, Injurious Treatment

C .03 Child Discipline

C .04 Parental Access

C .05 Authorized Release

**PART 2 – GENERAL COMPLIANCE REVIEW, CON'T**

- 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**

**CHAPTER 08 CHILD SUPERVISION**

- C .01 Individualized Attention/Care [exc. A]  
C .02 Supervision by Qualified Staff [exc. B]  
C .04 Variations in Group Size  
NA .05 Supervision during Water Activities  
NA .06 Supervision during Transportation

**CHAPTER 09 PROGRAM REQUIREMENTS**

- C .01 Schedule of Daily Activities  
NA .02 Activity Plans for Infants and Toddlers  
C .03 Activity Materials, Equipment, Furnishings  
C .04 Rest Furnishings [exc. F]  
NA .05 Infant and Toddler Equipment  
C .06 Storage

**CHAPTER 10 SAFETY**

- N .01 Emergency Safety Requirements [exc. A(4) & C]  
D .02 First Aid/CPR  
NA .06 Transportation

**CHAPTER 11 HEALTH**

- C .01 Exclusion for Acute Illness  
C .02 Infectious and Communicable Diseases  
C .03 Preventing Spread of Diseases  
D .04 Medication Administration/Storage  
C .05 Smoking  
C .06 Alcohol and Drugs

**CHAPTER 12 NUTRITION**

- C .01 Food Service  
C .02 Modified Diet  
C .03 Food Sources  
C .04 Food Storage and Preparation [exc. A]  
C .05 Food Preparation Area and Equipment  
NA .06 Infant Feeding

**CHAPTER 13 CENTERS FOR CHILDREN WITH ACUTE ILLNESS**

- NA .03 Approved Plan of Operation  
NA .04 Director Requirements  
NA .05 Use of Health Consultant

**PART 2 – GENERAL COMPLIANCE REVIEW, CON'T**

- 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**

**CHAPTER 14 ADOLESCENT CENTERS**

NA.01 Approved Plan

**CHAPTER 15 DROP-IN CENTERS**

NA.04 Approved Plan

NA.06 Admission Requirements

**CHAPTER 16 EDUCATIONAL PROGRAMS**

NA.04 Change of Operation

NA.06 Personnel Qualifications

NA.07 Educational Program

NA.08 Child Record

NA.09 Health, Fire Safety, Zoning

**CHAPTER 17 INSPECTIONS, COMPLAINTS & ENFORCEMENTS**

C.02 Inspections

C.06 Emergency Suspension



\_\_\_\_\_  
Signature of Facility Representative



\_\_\_\_\_  
Signature of Agency Representative

Jennifer Thompson

5/23/2025

\_\_\_\_\_  
Date