

## LARGE CHILD CARE HOME INSPECTION REPORT

| INSPECTION DATE/TIME/DURATION:<br><b>3/22/2024 6:55 AM</b>                                                |                                                            | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr><td><input type="checkbox"/></td><td>Initial Application</td></tr> <tr><td><input type="checkbox"/></td><td>Conversion</td></tr> <tr><td><input type="checkbox"/></td><td>Mandatory Review</td></tr> <tr><td><input type="checkbox"/></td><td>Full</td></tr> <tr><td><input type="checkbox"/></td><td>Complaint Investigation</td></tr> <tr><td><input type="checkbox"/></td><td>Monitoring</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Other</td></tr> </table> |                 | INSPECTION TYPE        |           | <input type="checkbox"/>    | Initial Application | <input type="checkbox"/> | Conversion | <input type="checkbox"/> | Mandatory Review | <input type="checkbox"/> | Full | <input type="checkbox"/> | Complaint Investigation | <input type="checkbox"/> | Monitoring | <input checked="" type="checkbox"/> | Other | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>AGES</th> <th>Registered for</th> <th># Enrolled</th> <th># in Attendance</th> <th>Resident Children</th> </tr> <tr> <td>0 – 23 mos.</td> <td><input checked="" type="radio"/> Y <input type="radio"/> N</td> <td>3</td> <td>2</td> <td>0</td> </tr> <tr> <td>2's</td> <td><input checked="" type="radio"/> Y <input type="radio"/> N</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>3's</td> <td><input checked="" type="radio"/> Y <input type="radio"/> N</td> <td>4</td> <td>4</td> <td>0</td> </tr> <tr> <td>4's</td> <td><input checked="" type="radio"/> Y <input type="radio"/> N</td> <td>3</td> <td>2</td> <td>0</td> </tr> <tr> <td>5's (pre-school)</td> <td><input checked="" type="radio"/> Y <input type="radio"/> N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>5-12 (school-age)</td> <td><input type="radio"/> Y <input checked="" type="radio"/> N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td>11</td> <td>9</td> <td></td> </tr> <tr> <td>Overnight</td> <td><input type="radio"/> Y <input type="radio"/> N</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td>Head Start</td> <td></td> <td>0</td> <td></td> <td></td> </tr> </table> |  |  | AGES | Registered for | # Enrolled | # in Attendance | Resident Children | 0 – 23 mos. | <input checked="" type="radio"/> Y <input type="radio"/> N | 3 | 2 | 0 | 2's | <input checked="" type="radio"/> Y <input type="radio"/> N | 1 | 1 | 0 | 3's | <input checked="" type="radio"/> Y <input type="radio"/> N | 4 | 4 | 0 | 4's | <input checked="" type="radio"/> Y <input type="radio"/> N | 3 | 2 | 0 | 5's (pre-school) | <input checked="" type="radio"/> Y <input type="radio"/> N | 0 | 0 | 0 | 5-12 (school-age) | <input type="radio"/> Y <input checked="" type="radio"/> N | 0 | 0 | 0 | <b>TOTAL</b> |  | 11 | 9 |  | Overnight | <input type="radio"/> Y <input type="radio"/> N | 0 | 0 |  | Head Start |  | 0 |  |  |
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| INSPECTION TYPE                                                                                           |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| <input type="checkbox"/>                                                                                  | Initial Application                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| <input type="checkbox"/>                                                                                  | Conversion                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| <input type="checkbox"/>                                                                                  | Mandatory Review                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| <input type="checkbox"/>                                                                                  | Full                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| <input type="checkbox"/>                                                                                  | Complaint Investigation                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| <input type="checkbox"/>                                                                                  | Monitoring                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| <input checked="" type="checkbox"/>                                                                       | Other                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| AGES                                                                                                      | Registered for                                             | # Enrolled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | # in Attendance | Resident Children      |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| 0 – 23 mos.                                                                                               | <input checked="" type="radio"/> Y <input type="radio"/> N | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2               | 0                      |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| 2's                                                                                                       | <input checked="" type="radio"/> Y <input type="radio"/> N | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1               | 0                      |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| 3's                                                                                                       | <input checked="" type="radio"/> Y <input type="radio"/> N | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4               | 0                      |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| 4's                                                                                                       | <input checked="" type="radio"/> Y <input type="radio"/> N | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2               | 0                      |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| 5's (pre-school)                                                                                          | <input checked="" type="radio"/> Y <input type="radio"/> N | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0               | 0                      |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| 5-12 (school-age)                                                                                         | <input type="radio"/> Y <input checked="" type="radio"/> N | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0               | 0                      |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| <b>TOTAL</b>                                                                                              |                                                            | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9               |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| Overnight                                                                                                 | <input type="radio"/> Y <input type="radio"/> N            | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0               |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| Head Start                                                                                                |                                                            | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| PROVIDER ID:<br><b>467251</b>                                                                             |                                                            | <input checked="" type="checkbox"/> Follow Up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| LICENSE #:<br><b>258452</b>                                                                               |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| JURISDICTION:                                                                                             |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| REGION:<br><b>5</b>                                                                                       |                                                            | COMPLAINT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| EXCELS LEVEL:<br><b>3</b>                                                                                 |                                                            | NURSERY SCHOOL: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | Fatality:<br><b>0</b>  |           | Serious Injury:<br><b>0</b> |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| 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>8/05/2024 |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| HOMEOWNER'S INSURANCE COVERAGE: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N          |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | EXP DATE:              |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| PROVIDER NAME:<br><b>Isaac Lopez</b>                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| BUSINESS NAME:                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| ADDRESS:<br><b>12917 Parkland Dr</b> <b>Rockville</b> <b>MD</b> <b>20853</b>                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| PERSON(S) INTERVIEWED:<br><b>Isaac Lopez, Sandra Medrano</b>                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| TITLE(S):<br><b>Provider, Family Teacher</b>                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                        |           |                             |                     |                          |            |                          |                  |                          |      |                          |                         |                          |            |                                     |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |      |                |            |                 |                   |             |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |     |                                                            |   |   |   |                  |                                                            |   |   |   |                   |                                                            |   |   |   |              |  |    |   |  |           |                                                 |   |   |  |            |  |   |  |  |
| TELEPHONE:<br><b>(240) 899-0240</b>                                                                       |                                                            | E-MAIL:<br><b>danara6_1@hotmail.com</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> .02.01D Registration Conspicuously Displayed           | <u>C</u> .07.02 Abuse and Neglect Reporting        |
| <u>C</u> .03.04C Emergency Forms                                | <u>C</u> .07.06 Child Security                     |
| <u>C</u> .03.05B Staffing Pattern Posted                        | <u>C</u> .08.01A Individualized Attention and Care |
| <u>C</u> .03.06A, E-F Staff/Resident/ Change Notification       | <u>C</u> .08.02B Supervision by Qualified Staff    |
| <u>C</u> .04.02 Child Capacity                                  | <u>C</u> .08.03 Group Size and Staffing            |
| <u>C</u> .05.03 Rooms Used for Care                             | <u>C</u> .08.08 Rest Time Supervision              |
| <u>C</u> .05.08B Diapering Area                                 | <u>C</u> .09.04 Rest Furnishings                   |
| <u>C</u> .05.11 Cleanliness and Sanitation                      | <u>C</u> .10.01A(4) Emergency Escape Route Posted  |
| <u>C</u> .05.12 Outdoor Activity Area                           | <u>C</u> .10.01C Emergency Contact Information     |
| <u>C</u> .06.05G Director – Continued Training                  | <u>C</u> .10.04 Potentially Hazardous Items        |
| <u>C</u> .06.06D Family Child Care Teacher – Continued Training | <u>C</u> .10.05 Rest Time Safety                   |
| <u>N</u> .06.07A(3)-(6) Aides – Continued Training              | <u>N</u> .12.04A Food Safety                       |

**PART 2 – GENERAL COMPLIANCE REVIEW**

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

**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

**CHAPTER 02 LICENSE APPLICATION & APPLICATION REQUIREMENTS**

|               |                                        |
|---------------|----------------------------------------|
| <u>C</u> .03B | Maintenance of Continuing Registration |
| <u>C</u> .04B | Conditional Registration               |

**CHAPTER 03 MANAGEMENT & ADMINISTRATION**

|              |                   |
|--------------|-------------------|
| <u>C</u> .01 | Advertisement     |
| <u>C</u> .02 | Admission to care |
| <u>D</u> .03 | Program records   |

|                                           |
|-------------------------------------------|
| <b>PART 2 – GENERAL COMPLIANCE REVIEW</b> |
|-------------------------------------------|

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

|                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------|

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

|          |     |                              |
|----------|-----|------------------------------|
| <u>C</u> | .04 | Child records (exc. C)       |
| <u>N</u> | .05 | Staff records (exc. B)       |
| <u>C</u> | .06 | Notifications (exc. A, E, F) |
| <u>C</u> | .07 | Change of operation          |
| <u>C</u> | .08 | Variances                    |

**CHAPTER 04 OPERATIONAL REQUIREMENTS**

|          |     |                           |
|----------|-----|---------------------------|
| <u>N</u> | .01 | Hours of Care             |
| <u>C</u> | .03 | Enrollment and Attendance |

**CHAPTER 05 HOME ENVIRONMENT AND EQUIPMENT**

|           |     |                                           |
|-----------|-----|-------------------------------------------|
| <u>C</u>  | .01 | Suitability of Home                       |
| <u>C</u>  | .02 | Accessibility                             |
| <u>C</u>  | .04 | Home Repair and Maintenance               |
| <u>C</u>  | .05 | Lead-Safe Environment                     |
| <u>C</u>  | .06 | Ventilation and Temperature               |
| <u>C</u>  | .07 | Water Supply                              |
| <u>C</u>  | .08 | Sanitary Facilities and Supplies (exc. B) |
| <u>C</u>  | .09 | Lighting                                  |
| <u>C</u>  | .10 | Telephone and Communication               |
| <u>NA</u> | .13 | Swimming Facilities                       |

**CHAPTER 06 STAFF**

|          |     |                                     |
|----------|-----|-------------------------------------|
| <u>C</u> | .01 | Minimum Staff Age                   |
| <u>C</u> | .02 | Staff Orientation                   |
| <u>C</u> | .03 | Suitability for Employment          |
| <u>C</u> | .04 | Staff Health                        |
| <u>C</u> | .05 | Child Care Home Directors (exc. G)  |
| <u>C</u> | .06 | Family Child Care Teachers (exc. D) |
| <u>C</u> | .07 | Aides (exc. A(3)-(6))               |
| <u>C</u> | .08 | Substitutes                         |
| <u>C</u> | .09 | Support Personnel                   |
| <u>C</u> | .10 | Volunteers                          |

**CHAPTER 07 CHILD PROTECTION**

|          |     |                                                    |
|----------|-----|----------------------------------------------------|
| <u>C</u> | .01 | Prohibition of Abuse, Neglect, Injurious Treatment |
| <u>C</u> | .03 | Child Discipline                                   |
| <u>C</u> | .04 | Parental Access                                    |
| <u>C</u> | .05 | Authorized Release                                 |

**CHAPTER 08 CHILD SUPERVISION**

|           |     |                                            |
|-----------|-----|--------------------------------------------|
| <u>C</u>  | .01 | Individualized Attention and Care (exc. A) |
| <u>C</u>  | .02 | Supervision by Qualified Staff (exc. B)    |
| <u>C</u>  | .04 | Variations in Group Size                   |
| <u>NA</u> | .05 | Supervision during Water Activities        |

**PART 2 – GENERAL COMPLIANCE REVIEW**

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

**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

**CHAPTER 08 CHILD SUPERVISION, CON'T**

NA.06 Supervision during Transportation

C.07 Playground Supervision

**CHAPTER 09 PROGRAM REQUIREMENTS**

C.01 Schedule of Daily Activities for All Children

C.02 Activity Plans for Infants and Toddlers

C.03 Activity Materials, Equipment, Furnishings

C.05 Equipment for Infants and Toddlers

C.06 Storage

**CHAPTER 10 SAFETY**

C.01 Emergency Safety Requirements [exc. A(4) & C]

C.02 First Aid and CPR

C.03 Safe use of Materials and Equipment

NA.06 Transportation

**CHAPTER 11 HEALTH**

C.01 Exclusion for Acute Illness

C.02 Infectious and Communicable Diseases

**CHAPTER 11 HEALTH, CON'T**

C.03 Preventing Spread of Diseases

C.04 Medication Administration and Storage

C.05 Smoking

C.06 Alcohol and Drugs

**CHAPTER 12 NUTRITION**

N.01 Food Service

C.02 Modified Diet

C.03 Food Sources

N.04 Food Storage and Preparation (exc. A)

C.05 Food Preparation Area and Equipment

C.06 Feeding Infants and Toddlers

**CHAPTER 13 EDUCATIONAL PROGRAMS**

C.06 Personnel Qualifications

C.07 Educational Programs

**PART 2 – GENERAL COMPLIANCE REVIEW**

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

**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

**CHAPTER 13 EDUCATIONAL PROGRAMS, CON'T**

C.08 Child Records

C.09 Health, Fire Safety, Zoning

**CHAPTER 14 INSPECTIONS**

C.01 Inspections

C.06 Emergency Suspension



\_\_\_\_\_  
Signature of Provider



\_\_\_\_\_  
Signature of Agency Representative  
Ryan Williams

**3/22/2024**

\_\_\_\_\_  
Date