# FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
5/15/2025 1:03 PM

PROVIDER ID:
146077

REGISTRATION #:
151206

JURISDICTION:

| INSPECTION TYPE | |
|---|---|
| | Initial Application |
| | Conversion |
| | Mandatory Review |
| ✔ | Full |
| | Complaint Investigation |
| | Monitoring |
| | Other |

☐ Follow Up

| AGES | Registered for | # Enrolled | # Present | Resident Children |
|---|---|---|---|---|
| 0-23 Months | 2 | 2 | 2 | 0 |
| 2's | ● Y N | 1 | 1 | 0 |
| 3's | ● Y N | 0 | 0 | 0 |
| 4's | ● Y N | 4 | 4 | 0 |
| 5's (pre-school) | ● Y N | 0 | 0 | 0 |
| 5-12 (school-age) | ● Y N | 1 | 0 | 0 |
| **TOTAL** | | 8 | 7 | |
| Overnight | | 0 | 0 | XXXXXX |
| Head Start | XXXXXX | 0 | XXXXXX | XXXXXX |

REGION:
11

Fatality:
0

Serious Injury:
0

EXCELS LEVEL:
1

COMPLAINT #:

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

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

EXP DATE:

BUSINESS NAME:

PROVIDER NAME:
Gail Diehl

CO-PROVIDER:

ADDRESS:
1338 North Bend Road Jarrettsville MD 21084

PERSONS INTERVIEWED:
Gail Diehl

TITLE(S):
Provider

TELEPHONE:
(443) 567-1682

E-MAIL:
gaildiehl150@gmail.com ◔ Verified ○ N/A

## PART 1 - MANDATORY REVIEW ITEMS

INSTRUCTIONS: (1) Review each regulation that applies to the inspection being conducted.
(2) The compliance status of an item listed under Part 2 may be recorded when deemed necessary.
(3) Initial/Resumption/Conversion/Full Inspection - Complete both Part 1 and Part 2.

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

| | | | |
|---|---|---|---|
| C ____.02.01D | Certificate Conspicuously Displayed | C ____.06.02 | Training Requirements |
| C ____.03.04A | Emergency Forms | C ____.07.01 | Prohibition of Abuse, Neglect, Injurious Treatment |
| C ____.03.05C-E | Notification of Changes | C ____.07.02 | Abuse and Neglect Reporting |
| C ____.04.03 | Child Capacity | C ____.07.04 | Child Discipline |
| C ____.05.03 | Cleanliness and Sanitation | C ____.07.07 | Child Security |
| N ____.05.04 | Rooms Used for Care | C ____.08.01 | General Child Supervision |
| C ____.05.05 | Outdoor Activity Area | C ____.10.02 | Potentially Hazardous Items |
| C ____.05.06 | Rest Furnishings | C ____.10.06 | Rest Time Safety |

## PART 2 – GENERAL COMPLIANCE REVIEW

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

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**CHAPTER 02 REGISTRATION APPLICATION AND MAINTENANCE**

| | |
|---|---|
| C ____.03B | Continuing Registration |
| C ____.04B | Conditional Status |

**CHAPTER 03 MANAGEMENT & ADMINISTRATION**

| | |
|---|---|
| C ____.01 | Advertisement |

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

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

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**CHAPTER 04 OPERATIONAL REQUIREMENTS**

C ____ **.01** Hours of Care

C ____ **.02** Age Group Enrollment

**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**

C ____ **.01** Suitability of the Home

C ____ **.02** Lead-Safe Environment

**CHAPTER 06 PROVIDER REQUIREMENTS**

C ____ **.03** Provider Substitute

C ____ **.04** Additional Adult

C ____ **.05** Volunteers

**CHAPTER 07 CHILD PROTECTION**

C ____ **.03** Applicability to Residents

C ____ **.05** Parental Access

C ____ **.06** Authorized Release

**CHAPTER 08 CHILD SUPERVISION**

C ____ **.02** Off-Site Supervision

C ____ **.03** Water Activity Supervision

C ____ **.04** Overnight Care Supervision

**CHAPTER 09 PROGRAM REQUIREMENTS**

C ____ **.01** Activities

C ____ **.02** Materials/Equipment

C ____ **.03** Rest Periods

**CHAPTER 10 SAFETY**

C ____ **.01** Emergency Safety

C ____ **.03** Outdoor Safety

C ____ **.04** Water Safety

C ____ **.05** Transportation Safety

**CHAPTER 11 HEALTH**

C ____ **.01** Child Comfort/Welfare

C ____ **.02** Exclusion for Acute Illness

C ____ **.03** Infectious/Communicable Diseases

C ____ **.04** Medication Administration/Storage

C ____ **.05** Smoking

C ____ **.06** Consumption of Alcohol/Drugs

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**CHAPTER 12 NUTRITION**

C ____.01 Nutrition/Food Served

C ____.02 Food Storage/Cleanliness

**CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS**

C ____.01 Inspections

C ____.06 Emergency Suspension

Signature of Provider

Signature of Agency Representative

5/15/2025
Date

Darlene McKenzie