# FAMILY CHILD CARE HOME INSPECTION REPORT

| |
|---|
| INSPECTION DATE/TIME/DURATION: 4/24/2026 8:56 AM |
| PROVIDER ID: 480089 |
| REGISTRATION #: 258628 |
| 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 | 1 | 0 | 0 | 0 |
| 2's | ● Y N | 0 | 0 | 0 |
| 3's | ● Y N | 1 | 1 | 1 |
| 4's | ● Y N | 6 | 6 | 0 |
| 5's (pre-school) | ● Y N | 1 | 1 | 0 |
| 5-12 (school-age) | ● Y N | 0 | 0 | 0 |
| **TOTAL** | | 8 | 8 | 1 |
| Overnight | | 0 | 0 | XXXXXX |
| Head Start | XXXXXX | 0 | XXXXXX | XXXXXX |

| | | |
|---|---|---|
| REGION: 1 | Fatality: 0 | Serious Injury: 0 |
| EXCELS LEVEL: 4 | COMPLAINT #: | |

| | | |
|---|---|---|
| ACCREDITED: ☐ Y ● N | ACCREDITED BY: | EXP DATE: |
| HOMEOWNER'S INSURANCE COVERAGE: ☑ N/A ☐ Y ☐ N | | EXP DATE: |

BUSINESS NAME:

PROVIDER NAME:
Stacey Hill

CO-PROVIDER:

ADDRESS:
675 Quail Drive Glen Burnie MD 21061

PERSONS INTERVIEWED:
Stacy Hill

TITLE(S):
Provider

| | |
|---|---|
| TELEPHONE: (443) 621-5602 | E-MAIL: staceyhill329@yahoo.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 ____ | **.03.04A** | Emergency Forms | |
| C ____ | **.03.05C-E** | Notification of Changes | |
| C ____ | **.04.03** | Child Capacity | |
| C ____ | **.05.03** | Cleanliness and Sanitation | |
| C ____ | **.05.04** | Rooms Used for Care | |
| C ____ | **.05.05** | Outdoor Activity Area | |
| C ____ | **.05.06** | Rest Furnishings | |
| D ____ | **.06.02** | Training Requirements | |
| D ____ | **.07.01** | Prohibition of Abuse, Neglect, Injurious Treatment | |
| D ____ | **.07.02** | Abuse and Neglect Reporting | |
| C ____ | **.07.04** | Child Discipline | |
| D ____ | **.07.07** | Child Security | |
| C ____ | **.08.01** | General Child Supervision | |
| C ____ | **.10.02** | Potentially Hazardous Items | |
| C ____ | **.10.06** | Rest Time Safety | |

## PART 2 – GENERAL COMPLIANCE REVIEW

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

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

**CHAPTER 02 REGISTRATION APPLICATION AND MAINTENANCE**

| | | |
|---|---|---|
| D ____ | **.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 |
| C ____ | **.04** | Child Records **[exc. A]** |
| C ____ | .05 | Notifications **[exc. C-E]** |
| C ____ | **.06** | Variances |

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

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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 | Date |
|---|---|---|
| | Theadora Quible | 4/24/2026 |