

# FAMILY CHILD CARE HOME INSPECTION REPORT

| INSPECTION DATE/TIME/DURATION:<br>4/2/2025 9:30 AM                                                                            |                           | <table><tr><th colspan="2">INSPECTION TYPE</th></tr><tr><td></td><td>Initial Application</td></tr><tr><td></td><td>Conversion</td></tr><tr><td>✓</td><td>Mandatory Review</td></tr><tr><td></td><td>Full</td></tr><tr><td></td><td>Complaint Investigation</td></tr><tr><td></td><td>Monitoring</td></tr><tr><td></td><td>Other</td></tr><tr><td colspan="2"><input type="checkbox"/> Follow Up</td></tr></table> |           | INSPECTION TYPE   |                                                                     |  | Initial Application |  | Conversion | ✓ | Mandatory Review |  | Full |  | Complaint Investigation |  | Monitoring |  | Other | <input type="checkbox"/> Follow Up |  | <table><tr><th>AGES</th><th>Registered for</th><th># Enrolled</th><th># Present</th><th>Resident Children</th></tr><tr><td>0-23 Months</td><td>2</td><td>2</td><td>2</td><td>0</td></tr><tr><td>2's</td><td>● Y N</td><td>0</td><td>0</td><td>0</td></tr><tr><td>3's</td><td>● Y N</td><td>3</td><td>3</td><td>1</td></tr><tr><td>4's</td><td>● Y N</td><td>0</td><td>0</td><td>0</td></tr><tr><td>5's (pre-school)</td><td>● Y N</td><td>0</td><td>0</td><td>0</td></tr><tr><td>5-12 (school-age)</td><td>● Y N</td><td>0</td><td>0</td><td>0</td></tr><tr><td>TOTAL</td><td></td><td>5</td><td>5</td><td>1</td></tr><tr><td>Overnight</td><td></td><td>0</td><td>0</td><td>XXXXXX</td></tr><tr><td>Head Start</td><td>XXXXXXX</td><td>0</td><td>XXXXXX</td><td>XXXXXX</td></tr></table> |  |  |  |  | AGES | Registered for | # Enrolled | # Present | Resident Children | 0-23 Months | 2 | 2 | 2 | 0 | 2's | ● Y N | 0 | 0 | 0 | 3's | ● Y N | 3 | 3 | 1 | 4's | ● Y N | 0 | 0 | 0 | 5's (pre-school) | ● Y N | 0 | 0 | 0 | 5-12 (school-age) | ● Y N | 0 | 0 | 0 | TOTAL |  | 5 | 5 | 1 | Overnight |  | 0 | 0 | XXXXXX | Head Start | XXXXXXX | 0 | XXXXXX | XXXXXX |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------|---------------------------------------------------------------------|--|---------------------|--|------------|---|------------------|--|------|--|-------------------------|--|------------|--|-------|------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|------|----------------|------------|-----------|-------------------|-------------|---|---|---|---|-----|-------|---|---|---|-----|-------|---|---|---|-----|-------|---|---|---|------------------|-------|---|---|---|-------------------|-------|---|---|---|-------|--|---|---|---|-----------|--|---|---|--------|------------|---------|---|--------|--------|
| INSPECTION TYPE                                                                                                               |                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
|                                                                                                                               | Initial Application       |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
|                                                                                                                               | Conversion                |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| ✓                                                                                                                             | Mandatory Review          |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
|                                                                                                                               | Full                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
|                                                                                                                               | Complaint Investigation   |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
|                                                                                                                               | Monitoring                |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
|                                                                                                                               | Other                     |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| <input type="checkbox"/> Follow Up                                                                                            |                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| AGES                                                                                                                          | Registered for            | # Enrolled                                                                                                                                                                                                                                                                                                                                                                                                        | # Present | Resident Children |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| 0-23 Months                                                                                                                   | 2                         | 2                                                                                                                                                                                                                                                                                                                                                                                                                 | 2         | 0                 |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| 2's                                                                                                                           | ● Y N                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                 | 0         | 0                 |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| 3's                                                                                                                           | ● Y N                     | 3                                                                                                                                                                                                                                                                                                                                                                                                                 | 3         | 1                 |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| 4's                                                                                                                           | ● Y N                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                 | 0         | 0                 |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| 5's (pre-school)                                                                                                              | ● Y N                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                 | 0         | 0                 |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| 5-12 (school-age)                                                                                                             | ● Y N                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                 | 0         | 0                 |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| TOTAL                                                                                                                         |                           | 5                                                                                                                                                                                                                                                                                                                                                                                                                 | 5         | 1                 |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| Overnight                                                                                                                     |                           | 0                                                                                                                                                                                                                                                                                                                                                                                                                 | 0         | XXXXXX            |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| Head Start                                                                                                                    | XXXXXXX                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                 | XXXXXX    | XXXXXX            |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| PROVIDER ID:<br>485876                                                                                                        | REGISTRATION #:<br>258705 |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| JURISDICTION:                                                                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| REGION:<br>12                                                                                                                 | Fatality:<br>0            | Serious Injury:<br>0                                                                                                                                                                                                                                                                                                                                                                                              |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| EXCELS LEVEL:<br>1                                                                                                            | COMPLAINT #:              |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| ACCREDITED: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                  | ACCREDITED BY:            |                                                                                                                                                                                                                                                                                                                                                                                                                   | EXP DATE: |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| HOMEOWNER'S INSURANCE COVERAGE: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |                           | EXP DATE:<br>4/14/2025                                                                                                                                                                                                                                                                                                                                                                                            |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| BUSINESS NAME:                                                                                                                |                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| PROVIDER NAME:<br>Brittney Gibbs                                                                                              |                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| CO-PROVIDER:                                                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| ADDRESS:<br>407 Gillespie Drive Frederick MD 21702                                                                            |                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| PERSONS INTERVIEWED:<br>Brittney Gibbs                                                                                        |                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| TITLE(S):<br>Provider                                                                                                         |                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                   |                                                                     |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |
| TELEPHONE:<br>(202) 914-6674                                                                                                  |                           | E-MAIL:<br>brittneygibbs08@gmail.com                                                                                                                                                                                                                                                                                                                                                                              |           |                   | <input checked="" type="radio"/> Verified <input type="radio"/> N/A |  |                     |  |            |   |                  |  |      |  |                         |  |            |  |       |                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |      |                |            |           |                   |             |   |   |   |   |     |       |   |   |   |     |       |   |   |   |     |       |   |   |   |                  |       |   |   |   |                   |       |   |   |   |       |  |   |   |   |           |  |   |   |        |            |         |   |        |        |

|                                        |
|----------------------------------------|
| <b>PART 1 - MANDATORY REVIEW ITEMS</b> |
|----------------------------------------|

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.

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

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| <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.

|                                                                                                                                           |
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| <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> |
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**CHAPTER 02 REGISTRATION APPLICATION AND MAINTENANCE**

X .03B Continuing Registration

X .04B Conditional Status

**CHAPTER 03 MANAGEMENT & ADMINISTRATION**

X .01 Advertisement

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

X .02 Admission to Care

X .03 Program Records

X .04 Child Records [exc. A]

X .05 Notifications [exc. C-E]

X .06 Variances

|                                                  |
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| <b>PART 2 – GENERAL COMPLIANCE REVIEW, CON'T</b> |
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**INSTRUCTIONS:** The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

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| <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> |
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**CHAPTER 04 OPERATIONAL REQUIREMENTS**X.01 Hours of CareX.02 Age Group Enrollment**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**X.01 Suitability of the HomeX.02 Lead-Safe Environment**CHAPTER 06 PROVIDER REQUIREMENTS**X.03 Provider SubstituteX.04 Additional AdultX.05 Volunteers**CHAPTER 07 CHILD PROTECTION**X.03 Applicability to ResidentsX.05 Parental AccessX.06 Authorized Release**CHAPTER 08 CHILD SUPERVISION**X.02 Off-Site SupervisionX.03 Water Activity SupervisionX.04 Overnight Care Supervision**CHAPTER 09 PROGRAM REQUIREMENTS**X.01 ActivitiesX.02 Materials/EquipmentX.03 Rest Periods**CHAPTER 10 SAFETY**X.01 Emergency SafetyX.03 Outdoor SafetyX.04 Water SafetyX.05 Transportation Safety**CHAPTER 11 HEALTH**X.01 Child Comfort/WelfareX.02 Exclusion for Acute IllnessX.03 Infectious/Communicable DiseasesX.04 Medication Administration/StorageX.05 SmokingX.06 Consumption of Alcohol/Drugs

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

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

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

**CHAPTER 12 NUTRITION**

X.01 Nutrition/Food Served  
X.02 Food Storage/Cleanliness

**CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS**

C.01 Inspections  
X.06 Emergency Suspension



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



\_\_\_\_\_  
Signature of Agency Representative  
Erin Ringley

**4/02/2025**

\_\_\_\_\_  
Date