

SUMMARY OF FINDINGS – PART 1

APPLICANT ID:	PROVIDER ID:	ZIP CODE:	COUNTY:
INFORMAL PROVIDER NAME:		CARE LOCATION: <input type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED:			
VISIT TYPE:		INSPECTION TIME/DATE/DURATION:	

☐ This is a Complaint Inspection conducted in response to Complaint Number: . If the complaint is substantiated, the results of this inspection will be posted on-line for public viewing.

STANDARD(S) NOT IN COMPLIANCE

Failure to correct violations listed below may result in Child Care Scholarship payments ending or your Informal Provider application being denied.

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

STANDARD NUMBER	STANDARD TEXT	COMMENTS	STATUS

Sign and upload form to

☐ Includes overflow page

PROVIDER PORTAL

Signature of Informal Child Care Provider

Date

Signature of Agency Representative

Date

SUMMARY OF FINDINGS – PART 2

STANDARD(S) DISCUSSED

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

STANDARD NUMBER	STANDARD TEXT	COMMENTS

REMARKS:

Total number of standards not in compliance:

Total number of standards discussed:

Inspection results have been reviewed with me and will be sent to my email address on file.

I request a review of findings:

☐

Yes

☐

No

Review requested for the following standard(s):

☐

Includes overflow page

Sign and upload form to

PROVIDER PORTAL

Signature of Informal Child Care Provider

Date

Signature of Agency Representative

Date