

SUMMARY OF CORRECTION

PROVIDER ID:	APPLICANT 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:	

The following Summary of Correction has been submitted to the Child Care Scholarship Program (CCSP) in response to non-compliances found during a recent inspection. CCSP has either observed the following corrections or reviewed the submitted summary of correction(s) and has made a determination as follows:

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

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION

☐ Complete

☐ Includes overflow page

Signature of Agency Representative

Date