

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 10/28/2020 11:00 AM		INSPECTION TYPE ☐ Initial Application ☐ Conversion ☐ Mandatory Review ☒ Full ☐ Complaint Investigation ☐ Monitoring ☐ Other ☐ Follow Up		AGES 0-23 Months 2 1 1 0 2's ● Y N 1 1 0 3's ● Y N 0 0 0 4's ● Y N 0 0 0 5's (pre-school) ● Y N 1 1 0 5-12 (school-age) ● Y N 1 0 0 TOTAL 4 3 0 Overnight 0 0 XXXXXX Head Start XXXXXXXX 0 XXXXXX XXXXXX	
PROVIDER ID: 55911					
REGISTRATION #: 129829					
JURISDICTION:					
REGION: 8				Fatality: 0 Serious Injury: 0 EXCELS LEVEL: COMPLAINT #:	
ACCREDITED: ☐ Y ☒ N				ACCREDITED BY:	
HOMEOWNER'S INSURANCE COVERAGE: ☒ N/A ☐ Y ☐ N				EXP DATE:	
BUSINESS NAME:					
PROVIDER NAME: Joyce Hart-Jones					
CO-PROVIDER:					
ADDRESS: 207 McKay Road Stevensville MD 21666					
PERSONS INTERVIEWED: Joyce Hart-Jones					
TITLE(S): Provider					
TELEPHONE: (410) 643-7805		E-MAIL: joycealan@verizon.net ● 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

<u>C</u> .02.01D	Certificate Conspicuously Displayed	<u>C</u> .07.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>C</u> .03.04A	Emergency Forms	<u>C</u> .07.02	Abuse and Neglect Reporting
<u>C</u> .03.05C-E	Notification of Changes	<u>C</u> .07.04	Child Discipline
<u>C</u> .04.03	Child Capacity	<u>C</u> .07.07	Child Security
<u>C</u> .05.03	Cleanliness and Sanitation	<u>C</u> .08.01	General Child Supervision
<u>C</u> .05.04	Rooms Used for Care	<u>C</u> .08.03	Supervision of Resting Children
<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
<u>C</u> .06.02	Training Requirements		

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

C.03B Continuing Registration

NA.04B Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

NA.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]

NA.06 Variances

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 04 OPERATIONAL REQUIREMENTS**C.01 Hours of CareC.02 Age Group Enrollment**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**C.01 Suitability of the HomeC.02 Lead-Safe Environment**CHAPTER 06 PROVIDER REQUIREMENTS**C.03 Provider SubstituteNA.04 Additional AdultNA.05 Volunteers**CHAPTER 07 CHILD PROTECTION**C.03 Applicability to ResidentsC.05 Parental AccessC.06 Authorized Release**CHAPTER 08 CHILD SUPERVISION**C.02 Off-Site SupervisionNA.04 Water Activity SupervisionNA.05 Overnight Care Supervision**CHAPTER 09 PROGRAM REQUIREMENTS**C.01 ActivitiesC.02 Materials/EquipmentC.03 Rest Periods**CHAPTER 10 SAFETY**C.01 Emergency SafetyC.03 Outdoor SafetyNA.04 Water SafetyC.05 Transportation Safety**CHAPTER 11 HEALTH**C.01 Child Comfort/WelfareC.02 Exclusion for Acute IllnessC.03 Infectious/Communicable DiseasesC.04 Medication Administration/StorageC.05 SmokingC.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.

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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

See paper copy

Signature of Provider

Beth Hill

Signature of Agency Representative
Beth Hill

10/28/2020

Date