FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
10/11/2019 12:53 PM

PROVIDER ID:
132703

REGISTRATION #:
151885

JURISDICTION:

REGION:
3

EXCELS LEVEL:
0

INSPECTION TYPE	
	Initial Application
	Conversion
	Mandatory Review
✔	Full
	Complaint Investigation
	Monitoring
	Other

AGES	Registered for	# Enrolled	# Present	Resident Children
0-23 Months	2	1	1	0
2's	● Y N	4	4	0
3's	● Y N	1	1	0
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		6	6	
Overnight		0	0	XXXXXX
Head Start	XXXXXX		XXXXXX	XXXXXX

COMPLAINT #:

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

HOMEOWNER'S INSURANCE COVERAGE: ☐ N/A ● Y ☐ N

EXP DATE:
1/02/2019

BUSINESS NAME:

PROVIDER NAME:
Tiffany Jemmison

CO-PROVIDER:

ADDRESS:
9708 Watts Road Owings Mills MD 21117

PERSONS INTERVIEWED:
Tiffany Jemmison

TITLE(S):
Provider

TELEPHONE:
(410) 581-9484

E-MAIL:
tiffanylove1@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
N ____ **.03.04A** Emergency Forms
C ____ **.03.05C-E** Notification of Changes
C ____ **.04.03** Child Capacity
C ____ **.05.03** Cleanliness and Sanitation
N ____ **.05.04** Rooms Used for Care
N ____ **.05.05** Outdoor Activity Area
C ____ **.05.06** Rest Furnishings
N ____ **.06.02** Training Requirements
C ____ **.07.01** Prohibition of Abuse, Neglect, Injurious Treatment
C ____ **.07.02** Abuse and Neglect Reporting
D ____ **.07.04** Child Discipline
C ____ **.07.07** Child Security
N ____ **.08.01** General Child Supervision
C ____ **.08.03** Supervision of Resting Children
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

C ____ **.03B** Continuing Registration
C ____ **.04B** Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

C ____ **.01** Advertisement

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

N ____ **.02** Admission to Care
N ____ **.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

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 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

NA ____.04 Additional Adult

NA ____.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 ____.04 Water Activity Supervision

NA ____.05 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

N ____.01 Activities

C ____.02 Materials/Equipment

C ____.03 Rest Periods

CHAPTER 10 SAFETY

N ____.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

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

C ____**.01** Nutrition/Food Served

C ____**.02** Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

C ____**.01** Inspections

Signature of Provider

Signature of Agency Representative

10/11/2019
Date