FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
11/13/2019 12:59 PM

PROVIDER ID:
393144

REGISTRATION #:
253043

JURISDICTION:

REGION:
3

EXCELS LEVEL:
1

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

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	2	0
4's	●Y N	1	1	0
5's (pre-school)	●Y N	1	1	0
5-12 (school-age)	●Y N	0	0	0
TOTAL		7	6	
Overnight		0	0	XXXXXX
Head Start	XXXXXX		XXXXXX	XXXXXX

COMPLAINT #:

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

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

EXP DATE:
1/09/2020

BUSINESS NAME:

PROVIDER NAME:
Kimberly Jack

CO-PROVIDER:

ADDRESS:
4507 Rebekka Circle Owings Mills MD 21117

PERSONS INTERVIEWED:
Kimberly Jack

TITLE(S):
Provider

TELEPHONE:
(410) 654-8491

E-MAIL:
atown4tots@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
C .05.05 Outdoor Activity Area
D .05.06 Rest Furnishings
C .06.02 Training Requirements
C .07.01 Prohibition of Abuse, Neglect, Injurious Treatment
C .07.02 Abuse and Neglect Reporting
C .07.04 Child Discipline
C .07.07 Child Security
C .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

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

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

X ____.01 Hours of Care

X ____.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

X ____.01 Suitability of the Home

X ____.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

X ____.03 Provider Substitute

X ____.04 Additional Adult

X ____.05 Volunteers

CHAPTER 07 CHILD PROTECTION

X ____.03 Applicability to Residents

X ____.05 Parental Access

X ____.06 Authorized Release

CHAPTER 08 CHILD SUPERVISION

X ____.02 Off-Site Supervision

X ____.04 Water Activity Supervision

X ____.05 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

X ____.01 Activities

X ____.02 Materials/Equipment

X ____.03 Rest Periods

CHAPTER 10 SAFETY

X ____.01 Emergency Safety

X ____.03 Outdoor Safety

X ____.04 Water Safety

X ____.05 Transportation Safety

CHAPTER 11 HEALTH

X ____.01 Child Comfort/Welfare

X ____.02 Exclusion for Acute Illness

X ____.03 Infectious/Communicable Diseases

X ____.04 Medication Administration/Storage

X ____.05 Smoking

X ____.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

X ___.01 Inspections

Signature of Provider

Signature of Agency Representative

11/13/2019
Date