# FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
2/21/2020 7:05 AM

PROVIDER ID:
153508

REGISTRATION #:
152643

JURISDICTION:

REGION:
5

EXCELS LEVEL:

COMPLAINT #:

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

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

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

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

EXP DATE:
9/06/2020

BUSINESS NAME:

PROVIDER NAME:
Jerrydean Simpson

CO-PROVIDER:

ADDRESS:
23426 Rainbow Arch Dr Clarksburg MD 20871

PERSONS INTERVIEWED:
Jerrydean Simpson

TITLE(S):
Provider

TELEPHONE:
(301) 528-0967

E-MAIL:
jericas68@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

C ____ **.03.04A** Emergency Forms

C ____ **.03.05C-E** Notification of Changes

C ____ **.04.03** Child Capacity

C ____ **.05.03** Cleanliness and Sanitation

C ____ **.05.04** Rooms Used for Care

C ____ **.05.05** Outdoor Activity Area

C ____ **.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**

C ____ **.03B** Continuing Registration

C ____ **.04B** Conditional Status

**CHAPTER 03 MANAGEMENT & ADMINISTRATION**

C ____ **.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]**

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.**

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**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

C ____.04 Additional Adult

C ____.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**

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

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

**CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS**

C ____**.01** Inspections

Signature of Provider

Signature of Agency Representative

2/21/2020
Date