

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 11/4/2022 12:50 PM						INSPECTION TYPE						<table border="1"> <thead> <tr><th>AGES</th><th colspan="2">Registered for</th><th># Enrolled</th><th># Present</th><th>Resident Children</th></tr> </thead> <tbody> <tr><td>0-23 Months</td><td></td><td></td><td>4</td><td>4</td><td>0</td></tr> <tr><td>2's</td><td>☒</td><td>Y N</td><td>3</td><td>3</td><td>0</td></tr> <tr><td>3's</td><td>☒</td><td>Y N</td><td>3</td><td>3</td><td>0</td></tr> <tr><td>4's</td><td>☒</td><td>Y N</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>5's (pre-school)</td><td>☒</td><td>Y N</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>5-12 (school-age)</td><td>☒</td><td>Y N</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>TOTAL</td><td colspan="2"></td><td>10</td><td>10</td><td></td></tr> <tr><td>Overnight</td><td colspan="2"></td><td>0</td><td>0</td><td>XXXXXX</td></tr> <tr><td>Head Start</td><td colspan="2">XXXXXXXX</td><td>0</td><td>XXXXXX</td><td>XXXXXX</td></tr> </tbody> </table>								AGES	Registered for		# Enrolled	# Present	Resident Children	0-23 Months			4	4	0	2's	☒	Y N	3	3	0	3's	☒	Y N	3	3	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			10	10		Overnight			0	0	XXXXXX	Head Start	XXXXXXXX		0	XXXXXX	XXXXXX
AGES	Registered for		# Enrolled	# Present	Resident Children																																																																										
0-23 Months			4	4	0																																																																										
2's	☒	Y N	3	3	0																																																																										
3's	☒	Y N	3	3	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			10	10																																																																											
Overnight			0	0	XXXXXX																																																																										
Head Start	XXXXXXXX		0	XXXXXX	XXXXXX																																																																										
PROVIDER ID: 356083						☐ Initial Application ☐ Conversion ☒ Mandatory Review ☐ Full ☐ Complaint Investigation ☐ Monitoring ☐ Other ☐ Follow Up																																																																									
REGISTRATION #: 250381																																																																															
JURISDICTION:																																																																															
REGION: 5						Fatality: 0						Serious Injury: 0																																																																			
EXCELS LEVEL:						COMPLAINT #:																																																																									
ACCREDITED: ☐ Y ☒ N						ACCREDITED BY:						EXP DATE:																																																																			
HOMEOWNER'S INSURANCE COVERAGE: ☐ N/A ☒ Y ☐ N												EXP DATE: 4/30/2023																																																																			
BUSINESS NAME:																																																																															
PROVIDER NAME: Jeane Jordan																																																																															
CO-PROVIDER:																																																																															
ADDRESS: 22461 Winding Woods Way Clarksburg MD 20871																																																																															
PERSONS INTERVIEWED: Elenice Emilio and Leia Donato																																																																															
TITLE(S): Additonal Adult and Substitute																																																																															
TELEPHONE: (301) 540-1896									E-MAIL: jeane@Jeanesdaycare.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

<u>C</u> .02.01D	Certificate Conspicuously Displayed	<u>C</u> .06.02	Training Requirements
<u>N</u> .03.04A	Emergency Forms	<u>C</u> .07.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>N</u> .03.05C-E	Notification of Changes	<u>C</u> .07.02	Abuse and Neglect Reporting
<u>N</u> .04.03	Child Capacity	<u>C</u> .07.04	Child Discipline
<u>C</u> .05.03	Cleanliness and Sanitation	<u>C</u> .07.07	Child Security
<u>C</u> .05.04	Rooms Used for Care	<u>C</u> .08.01	General Child Supervision
<u>N</u> .05.05	Outdoor Activity Area	<u>N</u> .10.02	Potentially Hazardous Items
<u>C</u> .05.06	Rest Furnishings	<u>C</u> .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

<u>X</u> .03B	Continuing Registration
<u>X</u> .04B	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

<u>X</u> .01	Advertisement
--------------	---------------

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

<u>X</u> .02	Admission to Care
<u>N</u> .03	Program Records
<u>X</u> .04	Child Records [exc. A]
<u>X</u> .05	Notifications [exc. C-E]
<u>X</u> .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 CareX.02 Age Group Enrollment**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**X.01 Suitability of the HomeX.02 Lead-Safe Environment**CHAPTER 06 PROVIDER REQUIREMENTS**N.03 Provider SubstituteX.04 Additional AdultX.05 Volunteers**CHAPTER 07 CHILD PROTECTION**X.03 Applicability to ResidentsX.05 Parental AccessX.06 Authorized Release**CHAPTER 08 CHILD SUPERVISION**X.02 Off-Site SupervisionX.03 Water Activity SupervisionX.04 Overnight Care Supervision**CHAPTER 09 PROGRAM REQUIREMENTS**X.01 ActivitiesX.02 Materials/EquipmentX.03 Rest Periods**CHAPTER 10 SAFETY**X.01 Emergency SafetyX.03 Outdoor SafetyX.04 Water SafetyX.05 Transportation Safety**CHAPTER 11 HEALTH**X.01 Child Comfort/WelfareX.02 Exclusion for Acute IllnessX.03 Infectious/Communicable DiseasesX.04 Medication Administration/StorageX.05 SmokingX.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.

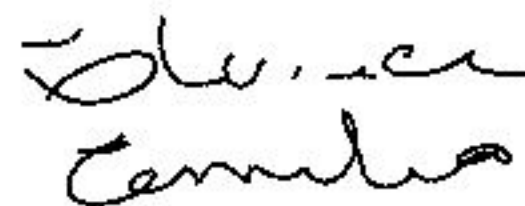
C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

CHAPTER 12 NUTRITION

X.01 Nutrition/Food Served
X.02 Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X.01 Inspections
X.06 Emergency Suspension



Signature of Provider



Signature of Agency Representative

Monica Barnes

11/04/2022

Date