FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
9/12/2024 9:40 AM

PROVIDER ID:
437820

REGISTRATION #:
255663

JURISDICTION:

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

☐ Follow Up

AGES	Registered for	# Enrolled	# Present	Resident Children
0-23 Months	2	2	2	0
2's	● Y N	2	2	0
3's	● Y N	1	0	0
4's	● Y N	2	2	0
5's (pre-school)	● Y N	0	0	0
5-12 (school-age)	● Y N	0	0	1
TOTAL		7	6	1
Overnight		0	0	XXXXXX
Head Start	XXXXXXX	0	XXXXXX	XXXXXX

REGION:
12

Fatality:
0

Serious Injury:
0

EXCELS LEVEL:
1

COMPLAINT #:

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

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

EXP DATE:
4/30/2025

BUSINESS NAME:

PROVIDER NAME:
Jennifer Wilson

CO-PROVIDER:

ADDRESS:
4394 Shamrock Drive Monvrovia MD 21770

PERSONS INTERVIEWED:
Jennifer Wilson

TITLE(S):
Provider

TELEPHONE:
(240) 315-7087

E-MAIL:
call4us@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 ____ **.06.02**	Training Requirements
C ____ **.03.04A**	Emergency Forms	C ____ **.07.01**	Prohibition of Abuse, Neglect, Injurious Treatment
C ____ **.03.05C-E**	Notification of Changes	C ____ **.07.02**	Abuse and Neglect Reporting
C ____ **.04.03**	Child Capacity	C ____ **.07.04**	Child Discipline
C ____ **.05.03**	Cleanliness and Sanitation	C ____ **.07.07**	Child Security
N ____ **.05.04**	Rooms Used for Care	C ____ **.08.01**	General Child Supervision
C ____ **.05.05**	Outdoor Activity Area	C ____ **.10.02**	Potentially Hazardous Items
C ____ **.05.06**	Rest Furnishings	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

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CHAPTER 04 OPERATIONAL REQUIREMENTS

C ____.01 Hours of Care

C ____.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

N ____.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 ____.03 Water Activity Supervision

C ____.04 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

C ____.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.

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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

C ____.06 Emergency Suspension

Signature of Provider	Signature of Agency Representative	Date
	Monica Barnes	9/12/2024