

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 9/25/2025 9:20 AM		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>2</td><td>2</td><td>0</td></tr><tr><td>2's</td><td>☒</td><td>Y N</td><td>2</td><td>2</td><td>0</td></tr><tr><td>3's</td><td>☒</td><td>Y N</td><td>2</td><td>2</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>2</td></tr><tr><td>TOTAL</td><td colspan="2"></td><td>6</td><td>6</td><td>2</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></td><td>XXXXXX</td><td>XXXXXX</td></tr></tbody></table>						AGES	Registered for		# Enrolled	# Present	Resident Children	0-23 Months			2	2	0	2's	☒	Y N	2	2	0	3's	☒	Y N	2	2	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	2	TOTAL			6	6	2	Overnight			0	0	XXXXXX	Head Start	XXXXXXXX			XXXXXX	XXXXXX
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Head Start	XXXXXXXX			XXXXXX	XXXXXX																																																																
PROVIDER ID: 527697		☐ Initial Application																																																																			
REGISTRATION #: 260264		Conversion																																																																			
JURISDICTION:		☒ Mandatory Review																																																																			
		Full																																																																			
		Complaint Investigation																																																																			
		Monitoring																																																																			
		Other																																																																			
		☐ Follow Up																																																																			
REGION: 9		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:																																																															
BUSINESS NAME: Miss Jamie's Forest Friends																																																																					
PROVIDER NAME: Jamie Lee Decher																																																																					
CO-PROVIDER:																																																																					
ADDRESS: 26449 Mariners Rd. Crisfield MD 21871																																																																					
PERSONS INTERVIEWED: Jamie Lee Decher																																																																					
TITLE(S): Provider																																																																					
TELEPHONE: (443) 397-6595				E-MAIL: jamielledecher@gmail.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>C</u> .03.04A	Emergency Forms	<u>C</u> .07.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>C</u> .03.05C-E	Notification of Changes	<u>C</u> .07.02	Abuse and Neglect Reporting
<u>C</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>C</u> .05.05	Outdoor Activity Area	<u>C</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

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
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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 REQUIREMENTSX.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**X.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

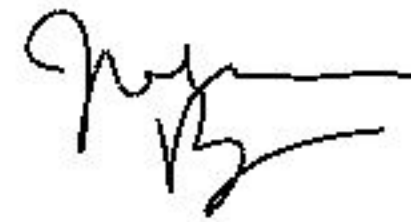
X.01 Nutrition/Food Served
X.02 Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X.01 Inspections
X.06 Emergency Suspension

Signature on file

Signature of Provider



Signature of Agency Representative
Johanna Brown

9/25/2025

Date