

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 4/28/2026 1:45 PM		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr> <td style="text-align: center;">✓</td> <td>Initial Application</td> </tr> <tr> <td></td> <td>Conversion</td> </tr> <tr> <td></td> <td>Mandatory Review</td> </tr> <tr> <td></td> <td>Full</td> </tr> <tr> <td></td> <td>Complaint Investigation</td> </tr> <tr> <td></td> <td>Monitoring</td> </tr> <tr> <td></td> <td>Other</td> </tr> <tr> <td colspan="2" style="text-align: center;">☐ Follow Up</td> </tr> </table>		INSPECTION TYPE		✓	Initial Application		Conversion		Mandatory Review		Full		Complaint Investigation		Monitoring		Other	☐ Follow Up		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>AGES</th> <th>Registered for</th> <th># Enrolled</th> <th># Present</th> <th>Resident Children</th> </tr> <tr> <td>0-23 Months</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>2's</td> <td style="text-align: center;">Y ● N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>3's</td> <td style="text-align: center;">Y ● N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>4's</td> <td style="text-align: center;">Y ● N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5's (pre-school)</td> <td style="text-align: center;">Y ● N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5-12 (school-age)</td> <td style="text-align: center;">Y ● N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Overnight</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">XXXXXX</td> </tr> <tr> <td>Head Start</td> <td style="text-align: center;">XXXXXXXX</td> <td></td> <td style="text-align: center;">XXXXXX</td> <td style="text-align: center;">XXXXXX</td> </tr> </table>			AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months		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					Overnight		0	0	XXXXXX	Head Start	XXXXXXXX		XXXXXX	XXXXXX
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JURISDICTION:																																																																										
REGION: 11	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:																																																																										
PROVIDER NAME: Erica Jack																																																																										
CO-PROVIDER:																																																																										
ADDRESS: 618 Arch Street Perryville MD 21903																																																																										
PERSONS INTERVIEWED: Erica Jack																																																																										
TITLE(S): Provider																																																																										
TELEPHONE: (443) 907-5582		E-MAIL: claire31907@aol.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>NA</u> .02.01D	Certificate Conspicuously Displayed	<u>NA</u> .06.02	Training Requirements
<u>NA</u> .03.04A	Emergency Forms	<u>NA</u> .07.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>NA</u> .03.05C-E	Notification of Changes	<u>NA</u> .07.02	Abuse and Neglect Reporting
<u>NA</u> .04.03	Child Capacity	<u>NA</u> .07.04	Child Discipline
<u>C</u> .05.03	Cleanliness and Sanitation	<u>NA</u> .07.07	Child Security
<u>C</u> .05.04	Rooms Used for Care	<u>NA</u> .08.01	General Child Supervision
<u>C</u> .05.05	Outdoor Activity Area	<u>N</u> .10.02	Potentially Hazardous Items
<u>C</u> .05.06	Rest Furnishings	<u>NA</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>NA</u> .03B	Continuing Registration
<u>NA</u> .04B	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

<u>NA</u> .01	Advertisement
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CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

<u>NA</u> .02	Admission to Care
<u>NA</u> .03	Program Records
<u>NA</u> .04	Child Records [exc. A]
<u>NA</u> .05	Notifications [exc. C-E]
<u>NA</u> .06	Variances

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T
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CHAPTER 04 OPERATIONAL REQUIREMENTS

NA.01 Hours of Care

NA.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

C.01 Suitability of the Home

C.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

NA.03 Provider Substitute

NA.04 Additional Adult

NA.05 Volunteers

CHAPTER 07 CHILD PROTECTION

NA.03 Applicability to Residents

NA.05 Parental Access

NA.06 Authorized Release

CHAPTER 08 CHILD SUPERVISION

NA.02 Off-Site Supervision

NA.03 Water Activity Supervision

NA.04 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

C.01 Activities

C.02 Materials/Equipment

NA.03 Rest Periods

CHAPTER 10 SAFETY

N.01 Emergency Safety

NA.03 Outdoor Safety

NA.04 Water Safety

NA.05 Transportation Safety

CHAPTER 11 HEALTH

NA.01 Child Comfort/Welfare

NA.02 Exclusion for Acute Illness

NA.03 Infectious/Communicable Diseases

NA.04 Medication Administration/Storage

NA.05 Smoking

NA.06 Consumption of Alcohol/Drugs

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CHAPTER 12 NUTRITION

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

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

C.01 Inspections
NA.06 Emergency Suspension



Signature of Provider



Signature of Agency Representative

Shantell Fletcher

4/28/2026

Date