FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
2/10/2026 10:12 AM

PROVIDER ID:
540792

REGISTRATION #:
260624

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	1	0
2's	● Y N	1	1	0
3's	● Y N	2	0	0
4's	● Y N	2	0	0
5's (pre-school)	● Y N	0	0	0
5-12 (school-age)	● Y N	8	0	0
TOTAL		15	2	
Overnight		0	0	XXXXXX
Head Start	XXXXXXX	0	XXXXXX	XXXXXX

REGION:
6

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:

BUSINESS NAME:

PROVIDER NAME:
India Jackson

CO-PROVIDER:

ADDRESS:
6415 Meadowridge Rd Elkridge MD 21075

PERSONS INTERVIEWED:
India Jackson

TITLE(S):
Provider

TELEPHONE:
(443) 610-1364

E-MAIL:
ijjoaccc@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

C ___ **.02.01D** Certificate Conspicuously Displayed
N ___ **.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 ___ **.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
NA ___ **.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
N ___ **.04** Child Records **[exc. A]**
C ___ **.05** Notifications **[exc. C-E]**
NA ___ **.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

NA ___.04 Additional Adult

NA ___.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

NA ___.03 Water Activity Supervision

NA ___.04 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

C ___.01 Activities

C ___.02 Materials/Equipment

C ___.03 Rest Periods

CHAPTER 10 SAFETY

C ___.01 Emergency Safety

C ___.03 Outdoor Safety

NA ___.04 Water Safety

D ___.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

NA .06 Emergency Suspension

Signature of Provider

Signature of Agency Representative

Keisha Greene

2/10/2026

Date