

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 9/16/2020 2:30 PM		INSPECTION TYPE																																																											
PROVIDER ID: 101683 REGISTRATION #: 138821 JURISDICTION:		Initial Application		<table border="1"> <thead> <tr> <th>AGES</th> <th>Registered for</th> <th># Enrolled</th> <th># Present</th> <th>Resident Children</th> </tr> </thead> <tbody> <tr> <td>0-23 Months</td> <td>4</td> <td>3</td> <td>3</td> <td>0</td> </tr> <tr> <td>2's</td> <td>● Y N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>3's</td> <td>● Y N</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>4's</td> <td>● Y N</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>5's (pre-school)</td> <td>● Y N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>5-12 (school-age)</td> <td>● Y N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td colspan="2">TOTAL</td> <td></td> <td>5</td> <td>5</td> <td></td> </tr> <tr> <td colspan="2">Overnight</td> <td></td> <td>0</td> <td>0</td> <td>XXXXXX</td> </tr> <tr> <td colspan="2">Head Start</td> <td>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	3	3	0	2's	● Y N	0	0	0	3's	● Y N	1	1	0	4's	● Y N	1	1	0	5's (pre-school)	● Y N	0	0	0	5-12 (school-age)	● Y N	0	0	0	TOTAL			5	5		Overnight			0	0	XXXXXX	Head Start		XXXXXXXX	0	XXXXXX	XXXXXX
		AGES	Registered for						# Enrolled	# Present	Resident Children																																																		
		0-23 Months	4						3	3	0																																																		
		2's	● Y N						0	0	0																																																		
		3's	● Y N						1	1	0																																																		
		4's	● Y N						1	1	0																																																		
		5's (pre-school)	● Y N						0	0	0																																																		
5-12 (school-age)	● Y N	0	0	0																																																									
TOTAL			5	5																																																									
Overnight			0	0	XXXXXX																																																								
Head Start		XXXXXXXX	0	XXXXXX	XXXXXX																																																								
Conversion																																																													
Mandatory Review																																																													
✓	Full																																																												
Complaint Investigation																																																													
Monitoring																																																													
Other																																																													
		☐ Follow Up																																																											
REGION: 5		Fatality: 0	Serious Injury: 0																																																										
EXCELS LEVEL: 5		COMPLAINT #:																																																											
ACCREDITED: ● Y □ N		ACCREDITED BY: NAFCC		EXP DATE: 3/31/2023																																																									
HOMEOWNER'S INSURANCE COVERAGE: □ N/A ● Y □ N				EXP DATE: 4/20/2021																																																									
BUSINESS NAME:																																																													
PROVIDER NAME: Asma Akhtar																																																													
CO-PROVIDER: Mohammad Akhtar																																																													
ADDRESS: 19527 Bowman Ridge Dr Germantown MD 20874																																																													
PERSONS INTERVIEWED: Asma Akhtar																																																													
TITLE(S): Provider																																																													
TELEPHONE: (301) 515-8171				E-MAIL: asmaakhtar114@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.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

<u>C</u> .02.01D	Certificate Conspicuously Displayed	<u>C</u> .07.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>C</u> .03.04A	Emergency Forms	<u>C</u> .07.02	Abuse and Neglect Reporting
<u>C</u> .03.05C-E	Notification of Changes	<u>C</u> .07.04	Child Discipline
<u>C</u> .04.03	Child Capacity	<u>C</u> .07.07	Child Security
<u>C</u> .05.03	Cleanliness and Sanitation	<u>C</u> .08.01	General Child Supervision
<u>C</u> .05.04	Rooms Used for Care	<u>C</u> .08.03	Supervision of Resting Children
<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
<u>C</u> .06.02	Training Requirements		

PART 2 – GENERAL COMPLIANCE REVIEW

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = 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

C.04 Child Records [exc. A]

C.05 Notifications [exc. C-E]

C.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**C.01 Hours of CareC.02 Age Group Enrollment**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**C.01 Suitability of the HomeC.02 Lead-Safe Environment**CHAPTER 06 PROVIDER REQUIREMENTS**C.03 Provider SubstituteC.04 Additional AdultC.05 Volunteers**CHAPTER 07 CHILD PROTECTION**C.03 Applicability to ResidentsC.05 Parental AccessC.06 Authorized Release**CHAPTER 08 CHILD SUPERVISION**C.02 Off-Site SupervisionC.04 Water Activity SupervisionNA.05 Overnight Care Supervision**CHAPTER 09 PROGRAM REQUIREMENTS**C.01 ActivitiesC.02 Materials/EquipmentC.03 Rest Periods**CHAPTER 10 SAFETY**C.01 Emergency SafetyC.03 Outdoor SafetyC.04 Water SafetyC.05 Transportation Safety**CHAPTER 11 HEALTH**C.01 Child Comfort/WelfareC.02 Exclusion for Acute IllnessC.03 Infectious/Communicable DiseasesC.04 Medication Administration/StorageC.05 SmokingC.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

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

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

C.01 Inspections

Signature
on
File

Signature of Provider



Signature of Agency Representative
Gearnia Green

9/16/2020

Date