

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 4/28/2022 12:02 PM													AGES <table border="1"> <thead> <tr> <th>Registered for</th> <th># Enrolled</th> <th># Present</th> <th>Resident Children</th> </tr> </thead> <tbody> <tr> <td>0-23 Months</td> <td>2</td> <td>0</td> <td>0</td> </tr> <tr> <td>2's</td> <td>● Y N</td> <td>0</td> <td>0</td> </tr> <tr> <td>3's</td> <td>● Y N</td> <td>0</td> <td>0</td> </tr> <tr> <td>4's</td> <td>● Y N</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> </tr> <tr> <td>5-12 (school-age)</td> <td>● Y N</td> <td>0</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>1</td> <td>0</td> </tr> <tr> <td>Overnight</td> <td></td> <td>0</td> <td>XXXXXX</td> </tr> <tr> <td>Head Start</td> <td>XXXXXXXX</td> <td></td> <td>XXXXXX XXXXXX</td> </tr> </tbody> </table>									Registered for	# Enrolled	# Present	Resident Children	0-23 Months	2	0	0	2's	● Y N	0	0	3's	● Y N	0	0	4's	● Y N	1	0	5's (pre-school)	● Y N	0	0	5-12 (school-age)	● Y N	0	0	TOTAL		1	0	Overnight		0	XXXXXX	Head Start	XXXXXXXX		XXXXXX XXXXXX
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TOTAL		1	0																																																										
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Head Start	XXXXXXXX		XXXXXX XXXXXX																																																										
PROVIDER ID: 223401													Initial Application																																																
REGISTRATION #: 156700													Conversion																																																
JURISDICTION:													Mandatory Review																																																
													Full ✓																																																
													Complaint Investigation																																																
													Monitoring																																																
													Other																																																
													☐ Follow Up																																																
REGION: 1						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: Saira Ansari																																																													
CO-PROVIDER:																																																													
ADDRESS: 7817 Golden Pine Circle Severn MD 21144																																																													
PERSONS INTERVIEWED: Saira Ansari																																																													
TITLE(S): Provider																																																													
TELEPHONE: (443) 824-6238							E-MAIL: Sairaansari72@yahoo.com																																																						
☒ Verified ☐ N/A																																																													

PART 1 - MANDATORY REVIEW ITEMS
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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> .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.

<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

D .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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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 REQUIREMENTSC.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 SubstituteNA.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.03 Water Activity SupervisionNA.04 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
C.06 Emergency Suspension



Signature of Provider



Signature of Agency Representative
Nikya Green

4/28/2022

Date