

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 9/10/2020 4:30 PM		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr> <td style="width: 5%;"></td> <td>Initial Application</td> </tr> <tr> <td></td> <td>Conversion</td> </tr> <tr> <td style="text-align: center;">✓</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> </table> ☐ Follow Up		INSPECTION TYPE			Initial Application		Conversion	✓	Mandatory Review		Full		Complaint Investigation		Monitoring		Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <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 style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</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;">2</td> <td style="text-align: center;">2</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;">1</td> <td style="text-align: center;">1</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;">3</td> </tr> <tr> <td>TOTAL</td> <td></td> <td style="text-align: center;">5</td> <td style="text-align: center;">5</td> <td style="text-align: center;">3</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> </tbody> </table>				AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	2	2	2	0	2's	● Y N	2	2	0	3's	● Y N	0	0	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	3	TOTAL		5	5	3	Overnight		0	0	XXXXXX	Head Start	XXXXXXXX		XXXXXX	XXXXXX
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REGISTRATION #: 255960																																																																									
JURISDICTION:																																																																									
REGION: 5	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: Woineshet Gebessa																																																																									
CO-PROVIDER:																																																																									
ADDRESS: 14032 Crest Hill Lane Silver Spring MD 20905																																																																									
PERSONS INTERVIEWED: Woineshet Gebessa																																																																									
TITLE(S): Provider																																																																									
TELEPHONE: (202) 302-4000		E-MAIL: gebessa5@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> .07.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>N</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>N</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.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

CHAPTER 02 REGISTRATION APPLICATION AND MAINTENANCE

<u>X</u> .03B	Continuing Registration
<u>X</u> .04B	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

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

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

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CHAPTER 04 OPERATIONAL REQUIREMENTS

X .01 Hours of Care

X .02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

X .01 Suitability of the Home

X .02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

X .03 Provider Substitute

X .04 Additional Adult

X .05 Volunteers

CHAPTER 07 CHILD PROTECTION

X .03 Applicability to Residents

X .05 Parental Access

X .06 Authorized Release

CHAPTER 08 CHILD SUPERVISION

X .02 Off-Site Supervision

X .04 Water Activity Supervision

X .05 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

X .01 Activities

X .02 Materials/Equipment

X .03 Rest Periods

CHAPTER 10 SAFETY

X .01 Emergency Safety

X .03 Outdoor Safety

X .04 Water Safety

X .05 Transportation Safety

CHAPTER 11 HEALTH

X .01 Child Comfort/Welfare

X .02 Exclusion for Acute Illness

X .03 Infectious/Communicable Diseases

X .04 Medication Administration/Storage

X .05 Smoking

X .06 Consumption of Alcohol/Drugs

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CHAPTER 12 NUTRITION

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

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X.01 Inspections

*Signature
in File*

Signature of Provider

Pat Harrell

Signature of Agency Representative
Patricia Harrell

9/10/2020

Date