

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 11/19/2020 11:00 AM		<table border="1"> <thead> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> </thead> <tbody> <tr> <td></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>☐</td> <td>Follow Up</td> </tr> </tbody> </table>		INSPECTION TYPE			Initial Application		Conversion		Mandatory Review	✓	Full		Complaint Investigation		Monitoring		Other	☐	Follow Up	<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>1</td> <td>1</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>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>4's</td> <td>● Y N</td> <td>3</td> <td>3</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>TOTAL</td> <td></td> <td>4</td> <td>4</td> <td>0</td> </tr> <tr> <td>Overnight</td> <td></td> <td>0</td> <td>0</td> <td>XXXXXX</td> </tr> <tr> <td>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	1	1	0	2's	● Y N	0	0	0	3's	● Y N	0	0	0	4's	● Y N	3	3	0	5's (pre-school)	● Y N	0	0	0	5-12 (school-age)	● Y N	0	0	0	TOTAL		4	4	0	Overnight		0	0	XXXXXX	Head Start	XXXXXXXX	0	XXXXXX	XXXXXX
INSPECTION TYPE																																																																												
	Initial Application																																																																											
	Conversion																																																																											
	Mandatory Review																																																																											
✓	Full																																																																											
	Complaint Investigation																																																																											
	Monitoring																																																																											
	Other																																																																											
☐	Follow Up																																																																											
AGES	Registered for	# Enrolled	# Present	Resident Children																																																																								
0-23 Months	4	1	1	0																																																																								
2's	● Y N	0	0	0																																																																								
3's	● Y N	0	0	0																																																																								
4's	● Y N	3	3	0																																																																								
5's (pre-school)	● Y N	0	0	0																																																																								
5-12 (school-age)	● Y N	0	0	0																																																																								
TOTAL		4	4	0																																																																								
Overnight		0	0	XXXXXX																																																																								
Head Start	XXXXXXXX	0	XXXXXX	XXXXXX																																																																								
REGION: 5		Fatality: 0		Serious Injury: 0																																																																								
EXCELS LEVEL: 4		COMPLAINT #:																																																																										
ACCREDITED: ☒ Y ☐ N		ACCREDITED BY: NAFCC			EXP DATE: 3/13/2022																																																																							
HOMEOWNER'S INSURANCE COVERAGE: ☒ N/A ☐ Y ☐ N					EXP DATE:																																																																							
BUSINESS NAME:																																																																												
PROVIDER NAME: Ndirra Dioum																																																																												
CO-PROVIDER:																																																																												
ADDRESS: 3212 Kilkenny St Silver Spring MD 20904																																																																												
PERSONS INTERVIEWED: Ndirra Dioum																																																																												
TITLE(S): provider																																																																												
TELEPHONE: (301) 379-1640			E-MAIL: nanny301@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>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.

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

CHAPTER 02 REGISTRATION APPLICATION AND MAINTENANCE

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

CHAPTER 03 MANAGEMENT & ADMINISTRATION

<u>C</u> .01	Advertisement
--------------	---------------

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

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

<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 04 OPERATIONAL REQUIREMENTS

<u>C</u>	.01	Hours of Care
----------	-----	---------------

<u>C</u>	.02	Age Group Enrollment
----------	-----	----------------------

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

<u>C</u>	.01	Suitability of the Home
----------	-----	-------------------------

<u>C</u>	.02	Lead-Safe Environment
----------	-----	-----------------------

CHAPTER 06 PROVIDER REQUIREMENTS

<u>C</u>	.03	Provider Substitute
----------	-----	---------------------

<u>C</u>	.04	Additional Adult
----------	-----	------------------

<u>C</u>	.05	Volunteers
----------	-----	------------

CHAPTER 07 CHILD PROTECTION

<u>C</u>	.03	Applicability to Residents
----------	-----	----------------------------

<u>C</u>	.05	Parental Access
----------	-----	-----------------

<u>C</u>	.06	Authorized Release
----------	-----	--------------------

CHAPTER 08 CHILD SUPERVISION

<u>C</u>	.02	Off-Site Supervision
----------	-----	----------------------

<u>C</u>	.04	Water Activity Supervision
----------	-----	----------------------------

<u>C</u>	.05	Overnight Care Supervision
----------	-----	----------------------------

CHAPTER 09 PROGRAM REQUIREMENTS

<u>C</u>	.01	Activities
----------	-----	------------

<u>C</u>	.02	Materials/Equipment
----------	-----	---------------------

<u>C</u>	.03	Rest Periods
----------	-----	--------------

CHAPTER 10 SAFETY

<u>C</u>	.01	Emergency Safety
----------	-----	------------------

<u>C</u>	.03	Outdoor Safety
----------	-----	----------------

<u>C</u>	.04	Water Safety
----------	-----	--------------

<u>C</u>	.05	Transportation Safety
----------	-----	-----------------------

CHAPTER 11 HEALTH

<u>C</u>	.01	Child Comfort/Welfare
----------	-----	-----------------------

<u>C</u>	.02	Exclusion for Acute Illness
----------	-----	-----------------------------

<u>C</u>	.03	Infectious/Communicable Diseases
----------	-----	----------------------------------

<u>C</u>	.04	Medication Administration/Storage
----------	-----	-----------------------------------

<u>C</u>	.05	Smoking
----------	-----	---------

<u>C</u>	.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.

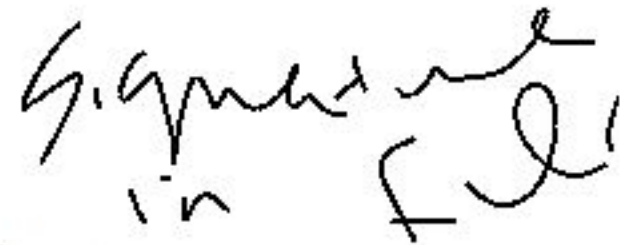
C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

CHAPTER 12 NUTRITION

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

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

C.01 Inspections



Signature of Provider



Signature of Agency Representative

Ava Browne

11/19/2020

Date