FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
11/19/2020 12:00 PM

PROVIDER ID:
7651

REGISTRATION #:
108813

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

REGION:
4

Fatality:
0

Serious Injury:
0

EXCELS LEVEL:
0

COMPLAINT #:

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

HOMEOWNER'S INSURANCE COVERAGE: ☑ N/A ☐ Y ☐ N

EXP DATE:

BUSINESS NAME:

PROVIDER NAME:
Olufolake Soniregun

CO-PROVIDER:

ADDRESS:
15312 Bauer Lane Laurel MD 20707

PERSONS INTERVIEWED:
Olufolake Soniregun

TITLE(S):
Provider

TELEPHONE:
(301) 648-4674

E-MAIL:
folakesoniregun@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
C	.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
D	.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	.08.03	Supervision of Resting Children
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

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

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

C ____ **.04** Additional Adult

C ____ **.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

C ____ **.04** Water Activity Supervision

C ____ **.05** 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

C ____ **.04** Water Safety

C ____ **.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

Pending

Signature of Provider

Signature of Agency Representative

Angela Leach

11/19/2020

Date