# FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 5/26/2021 10:00 AM

PROVIDER ID: 423553

REGISTRATION #: 255032

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 | 4 | 4 | 4 | 0 |
| 2's | ● Y N | 1 | 1 | 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 | 2 |
| **TOTAL** | | 6 | 6 | 2 |
| Overnight | | 0 | 0 | XXXXXX |
| Head Start | XXXXXX | 0 | XXXXXX | XXXXXX |

REGION: 4

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: Saba Mubashir

CO-PROVIDER:

ADDRESS: 1861 Foxwood Circle Bowie MD 20721

PERSONS INTERVIEWED: Saba Mubashir

TITLE(S): Provider

TELEPHONE: (301) 979-1775

E-MAIL: sabamubashir86@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 |
| N | .03.04A | Emergency Forms |
| C | .03.05C-E | Notification of Changes |
| D | .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 |
| D | .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**

| | | |
|---|---|---|
| X | .03B | Continuing Registration |
| X | .04B | Conditional Status |

**CHAPTER 03 MANAGEMENT & ADMINISTRATION**

| | | |
|---|---|---|
| X | .01 | Advertisement |

**CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T**

| | | |
|---|---|---|
| X | .02 | Admission to Care |
| X | .03 | Program Records |
| X | .04 | Child Records **[exc. A]** |
| X | .05 | Notifications **[exc. C-E]** |
| X | .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 ___.03 Water Activity Supervision

X ___.04 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

## PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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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

X .06 Emergency Suspension

Signature Requested

Signature of Provider

M Pankey

Signature of Agency Representative

Malita Pankey

5/26/2021

Date