FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
5/18/2020 3:00 PM

PROVIDER ID:
10084

REGISTRATION #:
118115

JURISDICTION:

INSPECTION TYPE	
	Initial Application
	Conversion
	Mandatory Review
	Full
	Complaint Investigation
	Monitoring
✔	Other COVID-19

☐ Follow Up

AGES	Registered for	# Enrolled	# Present	Resident Children
0-23 Months	4	0	0	0
2's	● Y N	0	0	0
3's	● Y N	1	1	0
4's	● Y N	1	1	0
5's (pre-school)	● Y N	0	0	0
5-12 (school-age)	● Y N	1	1	0
TOTAL		3	3	
Overnight		0	0	XXXXXX
Head Start	XXXXXXX	0	XXXXXX	XXXXXX

REGION:
4

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:
5/11/2021

BUSINESS NAME:

PROVIDER NAME:
Aurelia Moore

CO-PROVIDER:

ADDRESS:
4617 22nd Avenue Mount Rainier MD 20712

PERSONS INTERVIEWED:
Aurelia Moore

TITLE(S):
Provider

TELEPHONE:
(240) 705-1313

E-MAIL:
aurelialilac@verizon.net
● 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
NA ___ **.05.05** Outdoor Activity Area
C ___ **.05.06** Rest Furnishings
C ___ **.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.

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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

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

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

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

X ____**.01** Nutrition/Food Served

X ____**.02** Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X ____**.01** Inspections

On File

Signature of Provider

Y Henderson

Signature of Agency Representative

Yvonne Henderson

5/18/2020

Date