

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 7/8/2022 10:30 AM		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <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 Att. 1</td></tr> <tr> <td>☐</td> <td>Follow Up</td> </tr> </table>		INSPECTION TYPE		☐	Initial Application	☐	Conversion	☐	Mandatory Review	☐	Full	☐	Complaint Investigation	☐	Monitoring	☒	Other Att. 1	☐	Follow Up	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>AGES</th> <th>Registered for</th> <th># Enrolled</th> <th># Present</th> <th>Resident Children</th> </tr> <tr> <td>0-23 Months</td> <td>4</td> <td>4</td> <td>3</td> <td>0</td> </tr> <tr> <td>2's</td> <td>☒ Y ☐ N</td> <td>4</td> <td>4</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>0</td> <td>0</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>8</td> <td>7</td> <td></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> </table>			AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	4	4	3	0	2's	☒ Y ☐ N	4	4	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		8	7		Overnight		0	0	XXXXXX	Head Start	XXXXXXXX	0	XXXXXX	XXXXXX
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PROVIDER ID: 355364																																																																										
REGISTRATION #: 250523																																																																										
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: Nekiba Buddla																																																																										
CO-PROVIDER:																																																																										
ADDRESS: 8212 Nolte Avenue Silver Spring MD 20910																																																																										
PERSONS INTERVIEWED: Nekiba Buddla and Feha Mehretab																																																																										
TITLE(S): Provider and Additional Adult																																																																										
TELEPHONE: (240) 386-7544		E-MAIL: Nekiseid1@yahoo.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>X</u> .02.01D	Certificate Conspicuously Displayed	<u>X</u> .06.02	Training Requirements
<u>X</u> .03.04A	Emergency Forms	<u>X</u> .07.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>X</u> .03.05C-E	Notification of Changes	<u>X</u> .07.02	Abuse and Neglect Reporting
<u>C</u> .04.03	Child Capacity	<u>X</u> .07.04	Child Discipline
<u>X</u> .05.03	Cleanliness and Sanitation	<u>X</u> .07.07	Child Security
<u>X</u> .05.04	Rooms Used for Care	<u>X</u> .08.01	General Child Supervision
<u>X</u> .05.05	Outdoor Activity Area	<u>X</u> .10.02	Potentially Hazardous Items
<u>C</u> .05.06	Rest Furnishings	<u>X</u> .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

<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

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 04 OPERATIONAL REQUIREMENTS**X.01 Hours of CareX.02 Age Group Enrollment**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**X.01 Suitability of the HomeX.02 Lead-Safe Environment**CHAPTER 06 PROVIDER REQUIREMENTS**X.03 Provider SubstituteC.04 Additional AdultX.05 Volunteers**CHAPTER 07 CHILD PROTECTION**X.03 Applicability to ResidentsX.05 Parental AccessX.06 Authorized Release**CHAPTER 08 CHILD SUPERVISION**X.02 Off-Site SupervisionX.03 Water Activity SupervisionX.04 Overnight Care Supervision**CHAPTER 09 PROGRAM REQUIREMENTS**C.01 ActivitiesC.02 Materials/EquipmentX.03 Rest Periods**CHAPTER 10 SAFETY**X.01 Emergency SafetyX.03 Outdoor SafetyX.04 Water SafetyX.05 Transportation Safety**CHAPTER 11 HEALTH**X.01 Child Comfort/WelfareX.02 Exclusion for Acute IllnessX.03 Infectious/Communicable DiseasesX.04 Medication Administration/StorageX.05 SmokingX.06 Consumption of Alcohol/Drugs

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CHAPTER 12 NUTRITION

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

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

C.01 Inspections
X.06 Emergency Suspension



Signature of Provider



Signature of Agency Representative
Markia Opoku-Agyeman

7/08/2022

Date

Attachment 1:
Additional Adult Orientation