

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 7/14/2021 2:15 PM		<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</td></tr> </table> ☐ Follow Up		INSPECTION TYPE		☐	Initial Application	☐	Conversion	☐	Mandatory Review	☐	Full	☒	Complaint Investigation	☐	Monitoring	☐	Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <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>2</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>2's</td> <td>☒ Y ☐ N</td> <td>1</td> <td>1</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>1</td> <td>1</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>3</td> <td>3</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></td> <td>XXXXXX</td> <td>XXXXXX</td> </tr> </tbody> </table>			AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	2	1	1	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	0	TOTAL		3	3		Overnight		0	0	XXXXXX	Head Start	XXXXXXXX		XXXXXX	XXXXXX
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PROVIDER ID: 352801																																																																								
REGISTRATION #: 250690																																																																								
JURISDICTION:																																																																								
REGION: 12	Fatality: 0	Serious Injury: 1																																																																						
EXCELS LEVEL: 1	COMPLAINT #: 15032891																																																																							
ACCREDITED: ☐ Y ☒ N	ACCREDITED BY:		EXP DATE:																																																																					
HOMEOWNER'S INSURANCE COVERAGE: ☐ N/A ☐ Y ☐ N			EXP DATE:																																																																					
BUSINESS NAME:																																																																								
PROVIDER NAME: LaTosha Ferguson																																																																								
CO-PROVIDER:																																																																								
ADDRESS: 7955 Parkland Place Frederick MD 21701																																																																								
PERSONS INTERVIEWED: LaTosha Ferguson																																																																								
TITLE(S): Provider																																																																								
TELEPHONE: (301) 662-7000		E-MAIL: tosha7955@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>X</u> .02.01D	Certificate Conspicuously Displayed	<u>X</u> .06.02	Training Requirements
<u>X</u> .03.04A	Emergency Forms	<u>D</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>X</u> .04.03	Child Capacity	<u>X</u> .07.04	Child Discipline
<u>X</u> .05.03	Cleanliness and Sanitation	<u>N</u> .07.07	Child Security
<u>X</u> .05.04	Rooms Used for Care	<u>N</u> .08.01	General Child Supervision
<u>X</u> .05.05	Outdoor Activity Area	<u>X</u> .10.02	Potentially Hazardous Items
<u>D</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>D</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 SubstituteX.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**X.01 ActivitiesX.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
X.02 Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X.01 Inspections
X.06 Emergency Suspension



Signature of Provider



Signature of Agency Representative

Amy Chehi

7/14/2021

Date