

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 8/23/2023 11:03 AM				INSPECTION TYPE		<table border="1"> <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>2</td> <td>2</td> <td>0</td> </tr> <tr> <td>2's</td> <td>☒ Y ☐ N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>3's</td> <td>☒ Y ☐ N</td> <td>1</td> <td>1</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>4</td> <td>4</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> </tbody> </table>						AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	2	2	2	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	0	0	0	TOTAL		4	4		Overnight		0	0	XXXXXX	Head Start	XXXXXXXX	0	XXXXXX	XXXXXX
AGES	Registered for	# Enrolled	# Present	Resident Children																																																									
0-23 Months	2	2	2	0																																																									
2's	☒ Y ☐ N	0	0	0																																																									
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TOTAL		4	4																																																										
Overnight		0	0	XXXXXX																																																									
Head Start	XXXXXXXX	0	XXXXXX	XXXXXX																																																									
PROVIDER ID: 433490				☐ Initial Application																																																									
REGISTRATION #: 255406				☒ Conversion																																																									
JURISDICTION:				☒ Mandatory Review																																																									
				☐ Full																																																									
				☐ Complaint Investigation																																																									
				☐ Monitoring																																																									
				☐ Other																																																									
				☐ Follow Up																																																									
REGION: 5		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: 11/04/2023																																																							
BUSINESS NAME:																																																													
PROVIDER NAME: Latima Smith																																																													
CO-PROVIDER:																																																													
ADDRESS: 13774 Little Seneca Parkway Clarksburg MD 20871																																																													
PERSONS INTERVIEWED: Latima Smith																																																													
TITLE(S): Provider																																																													
TELEPHONE: (240) 277-1495				E-MAIL: latimasmith.0125@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>C</u>	.02.01D	Certificate Conspicuously Displayed	<u>C</u>	.06.02	Training Requirements
<u>N</u>	.03.04A	Emergency Forms	<u>C</u>	.07.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>C</u>	.03.05C-E	Notification of Changes	<u>C</u>	.07.02	Abuse and Neglect Reporting
<u>C</u>	.04.03	Child Capacity	<u>C</u>	.07.04	Child Discipline
<u>C</u>	.05.03	Cleanliness and Sanitation	<u>C</u>	.07.07	Child Security
<u>N</u>	.05.04	Rooms Used for Care	<u>C</u>	.08.01	General Child Supervision
<u>C</u>	.05.05	Outdoor Activity Area	<u>N</u>	.10.02	Potentially Hazardous Items
<u>C</u>	.05.06	Rest Furnishings	<u>C</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

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.**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

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
X.06 Emergency Suspension



Signature of Provider



Signature of Agency Representative

Tracey Elliott

8/23/2023

Date