

# FAMILY CHILD CARE HOME INSPECTION REPORT

| INSPECTION DATE/TIME/DURATION:<br>2/23/2025 8:40 AM                                                                                                                                                                                                                                                                                                                                                                                      |                         |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------|-----------------------------|------------------------|--|-----------------|--|--|---------------------|--|------------|--|------------------|---|------|--|-------------------------|--|------------|--|-------|
| PROVIDER ID:<br><b>477057</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| REGISTRATION #:<br><b>258149</b>                                                                                                                                                                                                                                                                                                                                                                                                         |                         |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| JURISDICTION:                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| <table border="1"><thead><tr><th colspan="2">INSPECTION TYPE</th></tr></thead><tbody><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></tbody></table> <div><input type="checkbox"/> Follow Up</div> |                         |                                                                                   |                             |                        |  | INSPECTION TYPE |  |  | Initial Application |  | Conversion |  | Mandatory Review | ✓ | Full |  | Complaint Investigation |  | Monitoring |  | Other |
| INSPECTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          | Initial Application     |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          | Conversion              |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mandatory Review        |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| ✓                                                                                                                                                                                                                                                                                                                                                                                                                                        | Full                    |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          | Complaint Investigation |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          | Monitoring              |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          | Other                   |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| REGION:<br><b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                         | Fatality:<br><b>0</b>                                                             | Serious Injury:<br><b>0</b> |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| EXCELS LEVEL:<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                         | COMPLAINT #:                                                                      |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| ACCREDITED: <input type="checkbox"/> Y <input checked="" type="radio"/> N                                                                                                                                                                                                                                                                                                                                                                |                         | ACCREDITED BY:                                                                    |                             | EXP DATE:              |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| HOMEOWNER'S INSURANCE COVERAGE: <input type="checkbox"/> N/A <input checked="" type="radio"/> Y <input type="checkbox"/> N                                                                                                                                                                                                                                                                                                               |                         |                                                                                   |                             | EXP DATE:<br>1/31/2026 |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| BUSINESS NAME:                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| PROVIDER NAME:<br><b>Fouzia Hussain</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| CO-PROVIDER:                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| ADDRESS:<br><b>13713 Vanderbilt Way</b> <b>Laurel</b> <b>MD</b> <b>20707</b>                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| PERSONS INTERVIEWED:<br><b>Fouzia Hussain</b>                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| TITLE(S):<br><b>Provider</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                                                                                   |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
| TELEPHONE:<br><b>(240) 485-7792</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                         | E-MAIL:<br><b>Fouziahussain94@yahoo.com</b>                                       |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         | <div><input checked="" type="radio"/> Verified    <input type="radio"/> N/A</div> |                             |                        |  |                 |  |  |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |

**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>D</u> .06.02 | Training Requirements                              |
| <u>C</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>C</u> .05.04    | Rooms Used for Care                 | <u>C</u> .08.01 | General Child Supervision                          |
| <u>C</u> .05.05    | Outdoor Activity Area               | <u>C</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**

|                |                         |
|----------------|-------------------------|
| <u>D</u> .03B  | Continuing Registration |
| <u>NA</u> .04B | Conditional Status      |

**CHAPTER 03 MANAGEMENT & ADMINISTRATION**

|              |               |
|--------------|---------------|
| <u>C</u> .01 | Advertisement |
|--------------|---------------|

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

|              |                          |
|--------------|--------------------------|
| <u>C</u> .02 | Admission to Care        |
| <u>C</u> .03 | Program Records          |
| <u>N</u> .04 | Child Records [exc. A]   |
| <u>C</u> .05 | Notifications [exc. C-E] |
| <u>C</u> .06 | Variances                |

|                                                  |
|--------------------------------------------------|
| <b>PART 2 – GENERAL COMPLIANCE REVIEW, CON'T</b> |
|--------------------------------------------------|

**INSTRUCTIONS:** The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

|                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------|

**CHAPTER 04 OPERATIONAL REQUIREMENTS**C.01 Hours of CareC.02 Age Group Enrollment**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**C.01 Suitability of the HomeC.02 Lead-Safe Environment**CHAPTER 06 PROVIDER REQUIREMENTS**C.03 Provider SubstituteC.04 Additional AdultC.05 Volunteers**CHAPTER 07 CHILD PROTECTION**C.03 Applicability to ResidentsC.05 Parental AccessC.06 Authorized Release**CHAPTER 08 CHILD SUPERVISION**C.02 Off-Site SupervisionC.03 Water Activity SupervisionNA.04 Overnight Care Supervision**CHAPTER 09 PROGRAM REQUIREMENTS**C.01 ActivitiesC.02 Materials/EquipmentC.03 Rest Periods**CHAPTER 10 SAFETY**C.01 Emergency SafetyC.03 Outdoor SafetyC.04 Water SafetyC.05 Transportation Safety**CHAPTER 11 HEALTH**C.01 Child Comfort/WelfareC.02 Exclusion for Acute IllnessC.03 Infectious/Communicable DiseasesC.04 Medication Administration/StorageC.05 SmokingC.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.

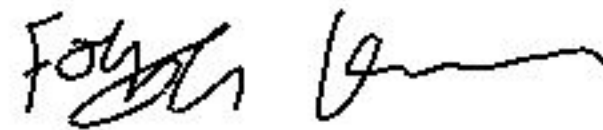
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**CHAPTER 12 NUTRITION**

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

**CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS**

C.01 Inspections  
NA.06 Emergency Suspension



\_\_\_\_\_  
Signature of Provider



\_\_\_\_\_  
Signature of Agency Representative  
Sundarys Spencer

**2/24/2025**

\_\_\_\_\_  
Date