

# FAMILY CHILD CARE HOME INSPECTION REPORT

| INSPECTION DATE/TIME/DURATION:<br>7/2/2024 9:50 AM                                                                         |                         | <table><tr><th colspan="2">INSPECTION TYPE</th></tr><tr><td><input type="checkbox"/></td><td>Initial Application</td></tr><tr><td><input type="checkbox"/></td><td>Conversion</td></tr><tr><td><input type="checkbox"/></td><td>Mandatory Review</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Full</td></tr><tr><td><input type="checkbox"/></td><td>Complaint Investigation</td></tr><tr><td><input type="checkbox"/></td><td>Monitoring</td></tr><tr><td><input type="checkbox"/></td><td>Other</td></tr><tr><td colspan="2"><input type="checkbox"/> Follow Up</td></tr></table> |  | INSPECTION TYPE                                            |                        | <input type="checkbox"/> | Initial Application | <input type="checkbox"/> | Conversion | <input type="checkbox"/> | Mandatory Review | <input checked="" type="checkbox"/> | Full | <input type="checkbox"/> | Complaint Investigation | <input type="checkbox"/> | Monitoring | <input type="checkbox"/> | Other | <input type="checkbox"/> Follow Up |  | AGES |  | Registered for | # Enrolled | # Present | Resident Children |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------|------------------------|--------------------------|---------------------|--------------------------|------------|--------------------------|------------------|-------------------------------------|------|--------------------------|-------------------------|--------------------------|------------|--------------------------|-------|------------------------------------|--|------|--|----------------|------------|-----------|-------------------|
| INSPECTION TYPE                                                                                                            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| <input type="checkbox"/>                                                                                                   | Initial Application     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| <input type="checkbox"/>                                                                                                   | Conversion              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| <input type="checkbox"/>                                                                                                   | Mandatory Review        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| <input checked="" type="checkbox"/>                                                                                        | Full                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| <input type="checkbox"/>                                                                                                   | Complaint Investigation |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| <input type="checkbox"/>                                                                                                   | Monitoring              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| <input type="checkbox"/>                                                                                                   | Other                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| <input type="checkbox"/> Follow Up                                                                                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| PROVIDER ID:<br>380071                                                                                                     |                         | 0-23 Months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 4                                                          | 2                      | 2                        | 0                   |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| REGISTRATION #:<br>252383                                                                                                  |                         | 2's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input checked="" type="radio"/> Y <input type="radio"/> N | 6                      | 6                        | 0                   |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| JURISDICTION:                                                                                                              |                         | 3's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input checked="" type="radio"/> Y <input type="radio"/> N | 1                      | 1                        | 0                   |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
|                                                                                                                            |                         | 4's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input checked="" type="radio"/> Y <input type="radio"/> N | 0                      | 0                        | 0                   |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
|                                                                                                                            |                         | 5's (pre-school)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <input checked="" type="radio"/> Y <input type="radio"/> N | 0                      | 0                        | 0                   |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
|                                                                                                                            |                         | 5-12 (school-age)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input checked="" type="radio"/> Y <input type="radio"/> N | 0                      | 0                        | 0                   |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
|                                                                                                                            |                         | TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                            | 9                      | 9                        |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
|                                                                                                                            |                         | Overnight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                            | 0                      | 0                        | XXXXXX              |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
|                                                                                                                            |                         | Head Start                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | XXXXXXX                                                    |                        | XXXXXX                   | XXXXXX              |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| REGION:<br>5                                                                                                               |                         | Fatality:<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Serious Injury:<br>0                                       |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| EXCELS LEVEL:                                                                                                              |                         | 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>8/01/2024 |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| BUSINESS NAME:                                                                                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| PROVIDER NAME:<br>Nahid Abareghi                                                                                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| CO-PROVIDER:                                                                                                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| ADDRESS:<br>104 Longdraft Rd Gaithersburg MD 20878                                                                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| PERSONS INTERVIEWED:<br>Nahid Abareghi                                                                                     |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| TITLE(S):<br>Provider                                                                                                      |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                            |                        |                          |                     |                          |            |                          |                  |                                     |      |                          |                         |                          |            |                          |       |                                    |  |      |  |                |            |           |                   |
| TELEPHONE:<br>(240) 441-1676                                                                                               |                         | E-MAIL:<br>nahiddaycare@gmail.com <input checked="" type="radio"/> Verified <input type="radio"/> 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>N</u> .03.05C-E | Notification of Changes             | <u>C</u> .07.02 | Abuse and Neglect Reporting                        |
| <u>N</u> .04.03    | Child Capacity                      | <u>C</u> .07.04 | Child Discipline                                   |
| <u>N</u> .05.03    | Cleanliness and Sanitation          | <u>N</u> .07.07 | Child Security                                     |
| <u>C</u> .05.04    | Rooms Used for Care                 | <u>N</u> .08.01 | General Child Supervision                          |
| <u>C</u> .05.05    | Outdoor Activity Area               | <u>C</u> .10.02 | Potentially Hazardous Items                        |
| <u>N</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>C</u> .03B | Continuing Registration |
| <u>C</u> .04B | Conditional Status      |

**CHAPTER 03 MANAGEMENT & ADMINISTRATION**

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

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

|              |                          |
|--------------|--------------------------|
| <u>N</u> .02 | Admission to Care        |
| <u>C</u> .03 | Program Records          |
| <u>C</u> .04 | Child Records [exc. A]   |
| <u>C</u> .05 | Notifications [exc. C-E] |
| <u>C</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**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 SupervisionC.04 Overnight Care Supervision**CHAPTER 09 PROGRAM REQUIREMENTS**C.01 ActivitiesC.02 Materials/EquipmentC.03 Rest Periods**CHAPTER 10 SAFETY**N.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 DiseasesN.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.

**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

**CHAPTER 12 NUTRITION**

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

**CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS**

C.01 Inspections  
C.06 Emergency Suspension



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



\_\_\_\_\_  
Signature of Agency Representative  
Valentine Encarnacion

**7/02/2024**

\_\_\_\_\_  
Date