

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 3/27/2024 10:02 AM		<table><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><tr><td colspan="2">☐ Follow Up</td></tr></table>		INSPECTION TYPE			Initial Application		Conversion		Mandatory Review	✓	Full		Complaint Investigation		Monitoring		Other	☐ Follow Up		<table><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>2</td><td>3</td><td>3</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>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>2</td><td>2</td><td>0</td></tr><tr><td>5-12 (school-age)</td><td>● Y N</td><td>1</td><td>1</td><td>0</td></tr><tr><td>TOTAL</td><td></td><td>6</td><td>6</td><td>0</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	2	3	3	0	2's	● Y N	0	0	0	3's	● Y N	0	0	0	4's	● Y N	0	0	0	5's (pre-school)	● Y N	2	2	0	5-12 (school-age)	● Y N	1	1	0	TOTAL		6	6	0	Overnight		0	0	XXXXXX	Head Start	XXXXXXXX	0	XXXXXX	XXXXXX
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PROVIDER ID: 4714																																																																												
REGISTRATION #: 46905																																																																												
JURISDICTION:																																																																												
REGION: 4		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:																																																																							
BUSINESS NAME:																																																																												
PROVIDER NAME: Aicha Abdulghani																																																																												
CO-PROVIDER:																																																																												
ADDRESS: 7502 Riverdale Road New Carrollton MD 20784																																																																												
PERSONS INTERVIEWED: Aicha Abdulghani																																																																												
TITLE(S): Provider																																																																												
TELEPHONE: (301) 731-0451			E-MAIL: aabdulghan@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>C</u> .02.01D	Certificate Conspicuously Displayed	<u>C</u> .06.02	Training Requirements
<u>C</u> .03.04A	Emergency Forms	<u>C</u> .07.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>D</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>C</u> .05.03	Cleanliness and Sanitation	<u>C</u> .07.07	Child Security
<u>D</u> .05.04	Rooms Used for Care	<u>C</u> .08.01	General Child Supervision
<u>C</u> .05.05	Outdoor Activity Area	<u>D</u> .10.02	Potentially Hazardous Items
<u>D</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>NA</u> .04B	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

<u>NA</u> .01	Advertisement
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CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

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

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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

Dacia Paige

3/27/2024

Date