FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
5/29/2026 9:05 AM

PROVIDER ID:
595169

REGISTRATION #:

JURISDICTION:

INSPECTION TYPE	
✔	Initial Application
	Conversion
	Mandatory Review
	Full
	Complaint Investigation
	Monitoring
	Other

☐ Follow Up

AGES	Registered for	# Enrolled	# Present	Resident Children
0-23 Months		0	0	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	0	0	0
5-12 (school-age)	Y ● N	0	0	0
TOTAL		0	0	0
Overnight		0	0	XXXXXX
Head Start	XXXXXX	0	XXXXXX	XXXXXX

REGION:
6

Fatality:
0

Serious Injury:
0

EXCELS LEVEL:

COMPLAINT #:

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

HOMEOWNER'S INSURANCE COVERAGE: ☑ N/A ☐ Y ☐ N

EXP DATE:

BUSINESS NAME:

PROVIDER NAME:
Heena Khawaja

CO-PROVIDER:

ADDRESS:
9721 Softwater Way Columbia MD 21046

PERSONS INTERVIEWED:
Heena Khawaja

TITLE(S):
Applicant

TELEPHONE:
(240) 370-1405

E-MAIL:
heenatarik@hotmail.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

D	.02.01D	Certificate Conspicuously Displayed	
D	.03.04A	Emergency Forms	
D	.03.05C-E	Notification of Changes	
D	.04.03	Child Capacity	
C	.05.03	Cleanliness and Sanitation	
C	.05.04	Rooms Used for Care	
C	.05.05	Outdoor Activity Area	
C	.05.06	Rest Furnishings	
D	.06.02	Training Requirements	
D	.07.01	Prohibition of Abuse, Neglect, Injurious Treatment	
D	.07.02	Abuse and Neglect Reporting	
D	.07.04	Child Discipline	
D	.07.07	Child Security	
D	.08.01	General Child Supervision	
C	.10.02	Potentially Hazardous Items	
D	.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.

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CHAPTER 02 REGISTRATION APPLICATION AND MAINTENANCE

D	.03B	Continuing Registration
D	.04B	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

D	.01	Advertisement

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

D	.02	Admission to Care
D	.03	Program Records
D	.04	Child Records **[exc. A]**
D	.05	Notifications **[exc. C-E]**
D	.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

D ____.01 Hours of Care

D ____.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

C ____.01 Suitability of the Home

C ____.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

D ____.03 Provider Substitute

D ____.04 Additional Adult

D ____.05 Volunteers

CHAPTER 07 CHILD PROTECTION

D ____.03 Applicability to Residents

D ____.05 Parental Access

D ____.06 Authorized Release

CHAPTER 08 CHILD SUPERVISION

D ____.02 Off-Site Supervision

D ____.03 Water Activity Supervision

D ____.04 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

C ____.01 Activities

N ____.02 Materials/Equipment

D ____.03 Rest Periods

CHAPTER 10 SAFETY

C ____.01 Emergency Safety

D ____.03 Outdoor Safety

D ____.04 Water Safety

D ____.05 Transportation Safety

CHAPTER 11 HEALTH

D ____.01 Child Comfort/Welfare

D ____.02 Exclusion for Acute Illness

D ____.03 Infectious/Communicable Diseases

D ____.04 Medication Administration/Storage

D ____.05 Smoking

D ____.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

D ____**.01** Nutrition/Food Served

D ____**.02** Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

D ____**.01** Inspections

D ____**.06** Emergency Suspension

Signature of Provider	Signature of Agency Representative	Date
	Lisa Weeks	5/29/2026