

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 9/26/2025 11:01 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>1</td><td>1</td><td>0</td></tr><tr><td>2's</td><td>● Y N</td><td>1</td><td>1</td><td>0</td></tr><tr><td>3's</td><td>● Y N</td><td>2</td><td>2</td><td>0</td></tr><tr><td>4's</td><td>● Y N</td><td>3</td><td>3</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>7</td><td>7</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>XXXXXXX</td><td>0</td><td>XXXXXX</td><td>XXXXXX</td></tr></table>					AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	2	1	1	0	2's	● Y N	1	1	0	3's	● Y N	2	2	0	4's	● Y N	3	3	0	5's (pre-school)	● Y N	0	0	0	5-12 (school-age)	● Y N	0	0	0	TOTAL		7	7	0	Overnight		0	0	XXXXXX	Head Start	XXXXXXX	0	XXXXXX	XXXXXX
INSPECTION TYPE																																																																												
	Initial Application																																																																											
	Conversion																																																																											
✓	Mandatory Review																																																																											
	Full																																																																											
	Complaint Investigation																																																																											
	Monitoring																																																																											
	Other																																																																											
☐ Follow Up																																																																												
AGES	Registered for	# Enrolled	# Present	Resident Children																																																																								
0-23 Months	2	1	1	0																																																																								
2's	● Y N	1	1	0																																																																								
3's	● Y N	2	2	0																																																																								
4's	● Y N	3	3	0																																																																								
5's (pre-school)	● Y N	0	0	0																																																																								
5-12 (school-age)	● Y N	0	0	0																																																																								
TOTAL		7	7	0																																																																								
Overnight		0	0	XXXXXX																																																																								
Head Start	XXXXXXX	0	XXXXXX	XXXXXX																																																																								
PROVIDER ID: 422623																																																																												
REGISTRATION #: 254740																																																																												
JURISDICTION:																																																																												
REGION: 6		Fatality: 0		Serious Injury: 0																																																																								
EXCELS LEVEL: 5		COMPLAINT #:																																																																										
ACCREDITED: ☒ Y ☐ N		ACCREDITED BY: NAFCC			EXP DATE: 9/26/2026																																																																							
HOMEOWNER'S INSURANCE COVERAGE: ☐ N/A ☒ Y ☐ N					EXP DATE: 9/18/2025																																																																							
BUSINESS NAME:																																																																												
PROVIDER NAME: Uyen Feliks																																																																												
CO-PROVIDER:																																																																												
ADDRESS: 6515 Wingflash Lane Columbia MD 21045																																																																												
PERSONS INTERVIEWED: Uyen Feliks																																																																												
TITLE(S): Provider																																																																												
TELEPHONE: (443) 220-7336			E-MAIL: ufeliks@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>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

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.

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

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
Jennifer Thompson

9/26/2025

Date