

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 4/9/2026 9:00 AM		<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> <tr> <td>☐</td> <td>Follow Up</td> </tr> </tbody> </table>		INSPECTION TYPE			Initial Application		Conversion	✓	Mandatory Review		Full		Complaint Investigation		Monitoring		Other	☐	Follow Up	<table border="1"> <thead> <tr> <th>AGES</th> <th>Registered for</th> <th># Enrolled</th> <th># Present</th> <th>Resident Children</th> </tr> </thead> <tbody> <tr> <td>0-23 Months</td> <td>2</td> <td>0</td> <td>0</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>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>5's (pre-school)</td> <td>● Y N</td> <td>1</td> <td>1</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>4</td> <td>4</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> </tbody> </table>					AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	2	0	0	0	2's	● Y N	1	1	0	3's	● Y N	2	2	0	4's	● Y N	0	0	0	5's (pre-school)	● Y N	1	1	0	5-12 (school-age)	Y ● N	0	0	0	TOTAL		4	4	0	Overnight		0	0	XXXXXX	Head Start	XXXXXXX	0	XXXXXX	XXXXXX
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REGION: 6		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: 4/09/2026																																																																							
BUSINESS NAME:																																																																												
PROVIDER NAME: Eva Marie Leong																																																																												
CO-PROVIDER:																																																																												
ADDRESS: 6123 Camelback Lane Columbia MD 21045																																																																												
PERSONS INTERVIEWED: Eva Marie Leong																																																																												
TITLE(S): Provider																																																																												
TELEPHONE: (443) 631-4421			E-MAIL: eileong1@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>D</u> .06.02	Training Requirements
<u>N</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
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CHAPTER 04 OPERATIONAL REQUIREMENTS

X.01 Hours of Care

X.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

X.01 Suitability of the Home

X.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

X.03 Provider Substitute

X.04 Additional Adult

X.05 Volunteers

CHAPTER 07 CHILD PROTECTION

X.03 Applicability to Residents

X.05 Parental Access

X.06 Authorized Release

CHAPTER 08 CHILD SUPERVISION

X.02 Off-Site Supervision

X.03 Water Activity Supervision

X.04 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

X.01 Activities

X.02 Materials/Equipment

X.03 Rest Periods

CHAPTER 10 SAFETY

X.01 Emergency Safety

X.03 Outdoor Safety

X.04 Water Safety

X.05 Transportation Safety

CHAPTER 11 HEALTH

X.01 Child Comfort/Welfare

X.02 Exclusion for Acute Illness

X.03 Infectious/Communicable Diseases

X.04 Medication Administration/Storage

X.05 Smoking

X.06 Consumption of Alcohol/Drugs

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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

4/09/2026

Date