FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
10/15/2025 1:55 PM

PROVIDER ID:
580334

REGISTRATION #:
262723

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	2	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:
4

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:
Maria Avila Clavellina

CO-PROVIDER:

ADDRESS:
8417 Carrollton Parkway Hyattsville MD 20784

PERSONS INTERVIEWED:
Maria del Pilar Avila Clavellina and Nancy Vega Jimenez

TITLE(S):
Applicant, Additional Adult

TELEPHONE:
(240) 606-4655

E-MAIL:
mariaavila2904@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

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

C	.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.

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CHAPTER 04 OPERATIONAL REQUIREMENTS

X ____.01 Hours of Care

X ____.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

C ____.01 Suitability of the Home

C ____.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

X ____.03 Provider Substitute

N ____.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

C ____.01 Activities

D ____.02 Materials/Equipment

X ____.03 Rest Periods

CHAPTER 10 SAFETY

C ____.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

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.

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CHAPTER 12 NUTRITION

C ____.01 Nutrition/Food Served

X ____.02 Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

C ____.01 Inspections

X ____.06 Emergency Suspension

Signature of Provider	Signature of Agency Representative Dacia Paige	Date 10/15/2025