

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 3/26/2021 11:08 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>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>2's</td> <td>● Y N</td> <td>2</td> <td>2</td> <td>0</td> </tr> <tr> <td>3's</td> <td>● Y N</td> <td>2</td> <td>1</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>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>5</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>XXXXXXXX</td> <td>0</td> <td>XXXXXX</td> <td>XXXXXX</td> </tr> </tbody> </table>					AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	2	1	1	0	2's	● Y N	2	2	0	3's	● Y N	2	1	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		5	4	0	Overnight		0	0	XXXXXX	Head Start	XXXXXXXX	0	XXXXXX	XXXXXX
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PROVIDER ID: 282728		REGION: 3 Fatality: 0 Serious Injury: 0																																																																										
REGISTRATION #: 159061																																																																												
JURISDICTION:		EXCELS LEVEL:		COMPLAINT #:																																																																								
ACCREDITED: ☐ Y ☒ N		ACCREDITED BY:			EXP DATE:																																																																							
HOMEOWNER'S INSURANCE COVERAGE: ☒ N/A ☐ Y ☐ N						EXP DATE:																																																																						
BUSINESS NAME:																																																																												
PROVIDER NAME: Leslie Sands																																																																												
CO-PROVIDER:																																																																												
ADDRESS: 322 East Chatsworth Avenue Reisterstown MD 21136																																																																												
PERSONS INTERVIEWED: Leslie Sands																																																																												
TITLE(S): Provider																																																																												
TELEPHONE: (410) 517-1449				E-MAIL: thesands3@comcast.net ☒ 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>N</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>N</u> .05.03	Cleanliness and Sanitation	<u>C</u> .07.07	Child Security
<u>N</u> .05.04	Rooms Used for Care	<u>C</u> .08.01	General Child Supervision
<u>C</u> .05.05	Outdoor Activity Area	<u>N</u> .10.02	Potentially Hazardous Items
<u>N</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>X</u> .03B	Continuing Registration
<u>X</u> .04B	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

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

<u>X</u> .02	Admission to Care
<u>X</u> .03	Program Records
<u>X</u> .04	Child Records [exc. A]
<u>X</u> .05	Notifications [exc. C-E]
<u>X</u> .06	Variances

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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

on file

Signature of Provider

JW

Signature of Agency Representative
Jennifer Woodard

3/26/2021

Date