FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
2/24/2025 1:46 PM

PROVIDER ID:
130300

REGISTRATION #:
150463

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	2	2	0
2's	● Y N	3	3	0
3's	● Y N	1	1	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		7	7	
Overnight		0	0	XXXXXX
Head Start	XXXXXX		XXXXXX	XXXXXX

REGION:
11

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:
Sandra Powers

CO-PROVIDER:

ADDRESS:
47 Foxboro Drive Rising Sun MD 21911

PERSONS INTERVIEWED:
Sandra Powers

TITLE(S):
Provider

TELEPHONE:
(410) 658-8650

E-MAIL:
bobzwife@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

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

NA ____ .04B Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

C ____ .01 Advertisement

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

C ____ .02 Admission to Care

C ____ .03 Program Records

C ____ .04 Child Records **[exc. A]**

C ____ .05 Notifications **[exc. C-E]**

NA ____ .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

C ____.01 Hours of Care

C ____.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

C ____.01 Suitability of the Home

C ____.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

C ____.03 Provider Substitute

C ____.04 Additional Adult

C ____.05 Volunteers

CHAPTER 07 CHILD PROTECTION

C ____.03 Applicability to Residents

C ____.05 Parental Access

C ____.06 Authorized Release

CHAPTER 08 CHILD SUPERVISION

NA ____.02 Off-Site Supervision

NA ____.03 Water Activity Supervision

NA ____.04 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

C ____.01 Activities

C ____.02 Materials/Equipment

C ____.03 Rest Periods

CHAPTER 10 SAFETY

C ____.01 Emergency Safety

C ____.03 Outdoor Safety

C ____.04 Water Safety

C ____.05 Transportation Safety

CHAPTER 11 HEALTH

C ____.01 Child Comfort/Welfare

C ____.02 Exclusion for Acute Illness

C ____.03 Infectious/Communicable Diseases

C ____.04 Medication Administration/Storage

C ____.05 Smoking

C ____.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

C	**.01**	Nutrition/Food Served
C	**.02**	Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

C	**.01**	Inspections
NA	**.06**	Emergency Suspension

Signature of Provider	Signature of Agency Representative	Date
	Shantell Fletcher	3/10/2025