

CHILD CARE CENTER INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 8/13/2025 10:00 AM		<table border="1"> <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> </table> ☐ Follow Up		INSPECTION TYPE			Initial Application		Conversion	✓	Mandatory Review		Full		Complaint Investigation		Monitoring		Other	<table border="1"> <tr><th colspan="4">Approved Capacity 64</th></tr> <tr> <th>AGES</th> <th>Licensed for</th> <th># Enrolled</th> <th># Present</th> </tr> <tr><td>6 wks. – 17mos.</td><td>☒ Y ☐ N</td><td>5</td><td>3</td></tr> <tr><td>18 mos. – 23 mos.</td><td>☒ Y ☐ N</td><td>2</td><td>2</td></tr> <tr><td>2's</td><td>☒ Y ☐ N</td><td>2</td><td>2</td></tr> <tr><td>3's</td><td>☒ Y ☐ N</td><td>3</td><td>2</td></tr> <tr><td>4's</td><td>☒ Y ☐ N</td><td>12</td><td>8</td></tr> <tr><td>5's (pre-school)</td><td>☒ Y ☐ N</td><td>6</td><td>3</td></tr> <tr><td>5-15 (school-age)</td><td>☒ Y ☐ N</td><td>26</td><td>17</td></tr> <tr><td>TOTAL</td><td></td><td>56</td><td>37</td></tr> <tr><td>Overnight</td><td>☐ Y ☐ N</td><td>0</td><td>0</td></tr> <tr><td>Head Start</td><td>☒ XXXXXXXX</td><td>0</td><td>☒ XXXXXXXX</td></tr> </table>				Approved Capacity 64				AGES	Licensed for	# Enrolled	# Present	6 wks. – 17mos.	☒ Y ☐ N	5	3	18 mos. – 23 mos.	☒ Y ☐ N	2	2	2's	☒ Y ☐ N	2	2	3's	☒ Y ☐ N	3	2	4's	☒ Y ☐ N	12	8	5's (pre-school)	☒ Y ☐ N	6	3	5-15 (school-age)	☒ Y ☐ N	26	17	TOTAL		56	37	Overnight	☐ Y ☐ N	0	0	Head Start	☒ XXXXXXXX	0	☒ XXXXXXXX
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LICENSE #: 162777		COMPLAINT #:																																																																					
JURISDICTION:																																																																							
REGION: 11		Fatality: 0		Serious Injury: 0																																																																			
EXCELS LEVEL: 3		NURSERY SCHOOL: ☐ Y ☒ N		HEAD START PROGRAM: ☐ Y ☒ N																																																																			
ACCREDITED: ☐ Y ☒ N		ACCREDITED BY:		EXP DATE:																																																																			
WORKERS COMPENSATION INSURANCE COVERAGE: ☒ Y ☐ N				EXP DATE: 7/28/2026																																																																			
OPERATOR NAME: Sturgill, Alice																																																																							
FACILITY NAME: Tot's Landing																																																																							
ADDRESS: 201 East Cecil Avenue North East MD 21901																																																																							
PERSON(S) INTERVIEWED: Alice Sturgill, Heather Robinson																																																																							
TITLE(S): Owner, lead teacher																																																																							
TELEPHONE: (443) 674-8601		E-MAIL: foreverseekingjesus@yahoo.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.

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<u>C</u>	.02.01E	License Conspicuously Displayed	<u>C</u>	.07.06	Child Security
<u>D</u>	.03.05B	Staffing Pattern Posted	<u>C</u>	.08.01A	Child Supervision
<u>C</u>	.03.06A	Notifications	<u>N</u>	.08.02B	Qualified Staff in Charge of Groups
<u>C</u>	.04.01	Capacity	<u>N</u>	.08.03	Group Size and Staffing
<u>C</u>	.05.01A	Building Safety	<u>C</u>	.08.07	Playground Supervision
<u>C</u>	.05.08B	Sanitary Facilities and Supplies	<u>C</u>	.08.08	Rest Time Supervision
<u>C</u>	.05.11	General Cleanliness	<u>C</u>	.09.04F	No Soft Bedding with Cribs
<u>C</u>	.05.12	Outdoor Activity Area	<u>C</u>	.10.01A(4)	Emergency Escape Route Posted
<u>C</u>	.06.05C	Director – Continued Training	<u>C</u>	.10.01C	Emergency Contact Information
<u>C</u>	.06.09C	Preschool Teacher – Continued Training	<u>C</u>	.10.03	Safe Use of Materials and Equipment
<u>C</u>	.06.10C	School-age Teacher – Continued Training	<u>C</u>	.10.04	Potentially Hazardous Items
<u>C</u>	.06.11C	Asst. Teacher – Continued Training	<u>C</u>	.10.05	Rest Time Safety
<u>C</u>	.06.12B(1)-(3)	Aides – Continued Training	<u>C</u>	.12.04A	Food Safety
<u>C</u>	.07.02	Abuse and Neglect Reporting			

PART 2 – GENERAL COMPLIANCE REVIEW

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CHAPTER 02 LICENSE APPLICATION & MAINTENANCE

<u>X</u>	.03C	Maintaining a Continuing license
<u>X</u>	.04B	Conditional status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

<u>X</u>	.01	Multi-site facilities
<u>X</u>	.02	Admission to care

<u>X</u>	.03	Program records
<u>X</u>	.04	Child records
<u>X</u>	.05	Staff records [exc. B]
<u>X</u>	.06	Notifications [exc. A]
<u>X</u>	.07	Change of operation

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

X
 ____ .08 Variances

X
 ____ .09 Advertisement

CHAPTER 04 OPERATIONAL REQUIREMENTS

X
 ____ .02 Enrollment and Attendance

CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT

X
 ____ .01 Building Safety [exc. A]

X
 ____ .02 Accessibility

X
 ____ .03 Indoor Space

X
 ____ .04 Building Repair and Maintenance

X
 ____ .05 Lead-Safe Environment

X
 ____ .06 Ventilation and Temperature

X
 ____ .07 Water Supply

X
 ____ .08 Sanitary Facilities and Supplies [exc. B]

X
 ____ .09 Lighting

X
 ____ .10 Telephone and Communication

X
 ____ .13 Swimming Facilities

CHAPTER 06 STAFF REQUIREMENTS

X
 ____ .01 Minimum Staff Age

X
 ____ .02 Staff Orientation

X
 ____ .03 Suitability for Employment

X
 ____ .04 Staff Health

X
 ____ .05 Directors of All Child Care Centers [exc. C]

X
 ____ .06 Directors – Preschool Centers

X
 ____ .07 Directors – School Age Centers

X
 ____ .08 Directors – Combined Age Centers

X
 ____ .09 Child Care Teachers – Preschool [exc. C]

X
 ____ .10 Child Care Teachers – School Age [exc. C]

X
 ____ .11 Assistant Child Care Teachers [exc. C]

X
 ____ .12 Aides [exc. B(1)-(3)]

X
 ____ .13 Substitutes

X
 ____ .14 Support Personnel

X
 ____ .15 Volunteers

CHAPTER 07 CHILD PROTECTION

X
 ____ .01 Prohibition of Abuse, Neglect, Injurious Treatment

X
 ____ .03 Child Discipline

X
 ____ .04 Parental Access

X
 ____ .05 Authorized Release

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CHAPTER 08 CHILD SUPERVISION

- X .01 Individualized Attention/Care [exc. A]
X .02 Supervision by Qualified Staff [exc. B]
X .04 Variations in Group Size
X .05 Supervision during Water Activities
X .06 Supervision during Transportation

CHAPTER 09 PROGRAM REQUIREMENTS

- X .01 Schedule of Daily Activities
X .02 Activity Plans for Infants and Toddlers
X .03 Activity Materials, Equipment, Furnishings
X .04 Rest Furnishings [exc. F]
X .05 Infant and Toddler Equipment
X .06 Storage

CHAPTER 10 SAFETY

- X .01 Emergency Safety Requirements [exc. A(4) & C]
C .02 First Aid/CPR
X .06 Transportation

CHAPTER 11 HEALTH

- X .01 Exclusion for Acute Illness
X .02 Infectious and Communicable Diseases
X .03 Preventing Spread of Diseases
X .04 Medication Administration/Storage
X .05 Smoking
X .06 Alcohol and Drugs

CHAPTER 12 NUTRITION

- X .01 Food Service
X .02 Modified Diet
X .03 Food Sources
X .04 Food Storage and Preparation [exc. A]
X .05 Food Preparation Area and Equipment
X .06 Infant Feeding

CHAPTER 13 CENTERS FOR CHILDREN WITH ACUTE ILLNESS

- X .03 Approved Plan of Operation
X .04 Director Requirements
X .05 Use of Health Consultant

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CHAPTER 14 ADOLESCENT CENTERS

X____.01 Approved Plan

CHAPTER 15 DROP-IN CENTERS

X____.04 Approved Plan

X____.06 Admission Requirements

CHAPTER 16 EDUCATIONAL PROGRAMS

X____.04 Change of Operation

X____.06 Personnel Qualifications

X____.07 Educational Program

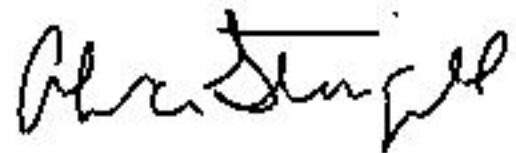
X____.08 Child Record

X____.09 Health, Fire Safety, Zoning

CHAPTER 17 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X____.02 Inspections

X____.06 Emergency Suspension



Signature of Facility Representative



Signature of Agency Representative

Shantell Fletcher

8/13/2025

Date