FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
5/14/2025 4:00 PM

PROVIDER ID:
373432

REGISTRATION #:
252023

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	1	0
2's	● Y N	4	3	0
3's	● Y N	2	0	0
4's	● Y N	0	0	0
5's (pre-school)	● Y N	1	0	0
5-12 (school-age)	● Y N	2	1	0
TOTAL		11	5	1
Overnight		0	0	XXXXXX
Head Start	XXXXXX	0	XXXXXX	XXXXXX

REGION:
3

Fatality:
0

Serious Injury:
0

EXCELS LEVEL:
2

COMPLAINT #:

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

HOMEOWNER'S INSURANCE COVERAGE: ☑ N/A ☐ Y ☐ N

EXP DATE:

BUSINESS NAME:

PROVIDER NAME:
Sharnette Anderson

CO-PROVIDER:

ADDRESS:
3403 Liberty Pkwy Dundalk MD 21222

PERSONS INTERVIEWED:
Omar Chambers and Sharnette Anderson

TITLE(S):
Substitute and Provider

TELEPHONE:
(443) 927-5662

E-MAIL:
sanderson0605@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	D ____ .07.01	Prohibition of Abuse, Neglect, Injurious Treatment
D ____ .03.05C-E	Notification of Changes	D ____ .07.02	Abuse and Neglect Reporting
C ____ .04.03	Child Capacity	C ____ .07.04	Child Discipline
N ____ .05.03	Cleanliness and Sanitation	N ____ .07.07	Child Security
N ____ .05.04	Rooms Used for Care	N ____ .08.01	General Child Supervision
C ____ .05.05	Outdoor Activity Area	N ____ .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

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

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

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

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

X	**.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	Date
	Betty Johnson	5/14/2025