

LARGE CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 7/27/2026 9:47 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> </tbody> </table>		INSPECTION TYPE			Initial Application	✓	Conversion		Mandatory Review		Full		Complaint Investigation		Monitoring		Other	<table border="1"> <thead> <tr> <th>AGES</th> <th colspan="2">Registered for</th> <th># Enrolled</th> <th># in Attendance</th> <th>Resident Children</th> </tr> </thead> <tbody> <tr> <td>0 – 23 mos.</td> <td>● Y</td> <td>N</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>2's</td> <td>● Y</td> <td>N</td> <td>3</td> <td>2</td> <td>0</td> </tr> <tr> <td>3's</td> <td>● Y</td> <td>N</td> <td>2</td> <td>1</td> <td>0</td> </tr> <tr> <td>4's</td> <td>● Y</td> <td>N</td> <td>3</td> <td>3</td> <td>0</td> </tr> <tr> <td>5's (pre-school)</td> <td>● Y</td> <td>N</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>5-12 (school-age)</td> <td>● Y</td> <td>N</td> <td>4</td> <td>2</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td>14</td> <td>8</td> <td>0</td> </tr> <tr> <td>Overnight</td> <td>Y</td> <td>N</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td>Head Start</td> <td></td> <td></td> <td>2</td> <td></td> <td></td> </tr> </tbody> </table>					AGES	Registered for		# Enrolled	# in Attendance	Resident Children	0 – 23 mos.	● Y	N	1	0	0	2's	● Y	N	3	2	0	3's	● Y	N	2	1	0	4's	● Y	N	3	3	0	5's (pre-school)	● Y	N	1	0	0	5-12 (school-age)	● Y	N	4	2	0	TOTAL			14	8	0	Overnight	Y	N	0	0		Head Start			2		
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REGION: 7		COMPLAINT #:																																																																																		
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WORKERS COMPENSATION INSURANCE COVERAGE: ☐ Y ☒ N					EXP DATE:																																																																															
HOMEOWNER'S INSURANCE COVERAGE: ☒ Y ☐ N					EXP DATE: 2/03/2027																																																																															
PROVIDER NAME: Stephanie Bone																																																																																				
BUSINESS NAME:																																																																																				
ADDRESS: 12801 Lewis Heights Drive																																																																																				
Cumberland																																																																																				
MD								21502																																																																												
PERSON(S) INTERVIEWED: Stephanie Bone																																																																																				
TITLE(S): Provider																																																																																				
TELEPHONE: (240) 727-7456				E-MAIL: stephblume75@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 Registration Conspicuously Displayed
C .03.04C Emergency Forms
C .03.05B Staffing Pattern Posted
C .03.06A, E-F Staff/Resident/ Change Notification
C .04.02 Child Capacity
C .05.03 Rooms Used for Care
C .05.08B Diapering Area
C .05.11 Cleanliness and Sanitation
D .05.12 Outdoor Activity Area
C .06.05G Director – Continued Training
C .06.06D Family Child Care Teacher – Continued Training
C .06.07A(3)-(6) Aides – Continued Training

C .07.02 Abuse and Neglect Reporting
C .07.06 Child Security
C .08.01A Individualized Attention and Care
C .08.02B Supervision by Qualified Staff
C .08.03 Group Size and Staffing
C .08.08 Rest Time Supervision
C .09.04 Rest Furnishings
C .10.01A(4) Emergency Escape Route Posted
C .10.01C Emergency Contact Information
C .10.04 Potentially Hazardous Items
C .10.05 Rest Time Safety
C .12.04A Food 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 LICENSE APPLICATION & APPLICATION REQUIREMENTS

C .03B Maintenance of Continuing Registration
NA .04B Conditional Registration

CHAPTER 03 MANAGEMENT & ADMINISTRATION

C .01 Advertisement
C .02 Admission to care
C .03 Program records

PART 2 – GENERAL COMPLIANCE REVIEW

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CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

D .04 Child records (exc. C)
C .05 Staff records (exc. B)
C .06 Notifications (exc. A, E, F)
C .07 Change of operation
NA .08 Variances

CHAPTER 04 OPERATIONAL REQUIREMENTS

C .01 Hours of Care
C .03 Enrollment and Attendance

CHAPTER 05 HOME ENVIRONMENT AND EQUIPMENT

C .01 Suitability of Home
C .02 Accessibility
C .04 Home Repair and Maintenance
C .05 Lead-Safe Environment
C .06 Ventilation and Temperature
C .07 Water Supply
C .08 Sanitary Facilities and Supplies (exc. B)
C .09 Lighting
C .10 Telephone and Communication
C .13 Swimming Facilities

CHAPTER 06 STAFF

C .01 Minimum Staff Age
C .02 Staff Orientation
C .03 Suitability for Employment
C .04 Staff Health
C .05 Child Care Home Directors (exc. G)
C .06 Family Child Care Teachers (exc. D)
C .07 Aides (exc. A(3)-(6))
C .08 Substitutes
NA .09 Support Personnel
NA .10 Volunteers

CHAPTER 07 CHILD PROTECTION

C .01 Prohibition of Abuse, Neglect, Injurious Treatment
C .03 Child Discipline
C .04 Parental Access
C .05 Authorized Release

CHAPTER 08 CHILD SUPERVISION

C .01 Individualized Attention and Care (exc. A)
C .02 Supervision by Qualified Staff (exc. B)
C .04 Variations in Group Size
NA .05 Supervision during Water Activities

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CHAPTER 08 CHILD SUPERVISION, CON'T

C.06 Supervision during Transportation

NA.07 Playground Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

C.01 Schedule of Daily Activities for All Children

C.02 Activity Plans for Infants and Toddlers

C.03 Activity Materials, Equipment, Furnishings

C.05 Equipment for Infants and Toddlers

C.06 Storage

CHAPTER 10 SAFETY

C.01 Emergency Safety Requirements [exc. A(4) & C]

C.02 First Aid and CPR

C.03 Safe use of Materials and Equipment

C.06 Transportation

CHAPTER 11 HEALTH

C.01 Exclusion for Acute Illness

C.02 Infectious and Communicable Diseases

CHAPTER 11 HEALTH, CON'T

C.03 Preventing Spread of Diseases

C.04 Medication Administration and Storage

C.05 Smoking

C.06 Alcohol and Drugs

CHAPTER 12 NUTRITION

C.01 Food Service

C.02 Modified Diet

C.03 Food Sources

C.04 Food Storage and Preparation (exc. A)

C.05 Food Preparation Area and Equipment

C.06 Feeding Infants and Toddlers

CHAPTER 13 EDUCATIONAL PROGRAMS

C.06 Personnel Qualifications

C.07 Educational Programs

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CHAPTER 13 EDUCATIONAL PROGRAMS, CON'T

C.08 Child Records

C.09 Health, Fire Safety, Zoning

CHAPTER 14 INSPECTIONS

C.01 Inspections

C.06 Emergency Suspension



Signature of Provider



Signature of Agency Representative
Audrey Gaines

7/27/2026

Date