

# FAMILY CHILD CARE HOME INSPECTION REPORT

|                                                                                                                         |  |                                    |                                        |                             |                        |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|----------------------------------------|-----------------------------|------------------------|--|--|--|
| INSPECTION DATE/TIME/DURATION:<br>2/11/2026 8:11 AM                                                                     |  | <b>INSPECTION TYPE</b>             |                                        |                             |                        |  |  |  |
| PROVIDER ID:<br><b>392656</b><br>REGISTRATION #:<br><b>253001</b><br>JURISDICTION:                                      |  | Initial Application                |                                        |                             |                        |  |  |  |
|                                                                                                                         |  | Conversion                         |                                        |                             |                        |  |  |  |
|                                                                                                                         |  | ✓                                  | Mandatory Review                       |                             |                        |  |  |  |
|                                                                                                                         |  | Full                               |                                        |                             |                        |  |  |  |
|                                                                                                                         |  | Complaint Investigation            |                                        |                             |                        |  |  |  |
|                                                                                                                         |  | Monitoring                         |                                        |                             |                        |  |  |  |
|                                                                                                                         |  | Other                              |                                        |                             |                        |  |  |  |
|                                                                                                                         |  | <input type="checkbox"/> Follow Up |                                        |                             |                        |  |  |  |
| REGION:<br><b>6</b>                                                                                                     |  | Fatality:<br><b>0</b>              |                                        | Serious Injury:<br><b>0</b> |                        |  |  |  |
| EXCELS LEVEL:<br><b>5</b>                                                                                               |  | COMPLAINT #:                       |                                        |                             |                        |  |  |  |
| ACCREDITED: <input checked="" type="radio"/> Y <input type="radio"/> N                                                  |  | ACCREDITED BY:<br>NAFCC            |                                        |                             | EXP DATE:<br>2/11/2029 |  |  |  |
| HOMEOWNER'S INSURANCE COVERAGE: <input type="checkbox"/> N/A <input checked="" type="radio"/> Y <input type="radio"/> N |  |                                    |                                        |                             | EXP DATE:<br>2/11/2026 |  |  |  |
| BUSINESS NAME:                                                                                                          |  |                                    |                                        |                             |                        |  |  |  |
| PROVIDER NAME:<br><b>Hetal Pancholi</b>                                                                                 |  |                                    |                                        |                             |                        |  |  |  |
| CO-PROVIDER:                                                                                                            |  |                                    |                                        |                             |                        |  |  |  |
| ADDRESS:<br><b>9908 Loch Less Lane</b> <b>Laurel</b> <b>MD</b> <b>20723</b>                                             |  |                                    |                                        |                             |                        |  |  |  |
| PERSONS INTERVIEWED:<br><b>Hetal Pancholi</b>                                                                           |  |                                    |                                        |                             |                        |  |  |  |
| TITLE(S):<br><b>Provider</b>                                                                                            |  |                                    |                                        |                             |                        |  |  |  |
| TELEPHONE:<br><b>(443) 280-1239</b>                                                                                     |  |                                    | E-MAIL:<br><b>hkpancholi@gmail.com</b> |                             |                        |  |  |  |
| <input checked="" type="radio"/> Verified <input type="radio"/> 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>C</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>C</u> .05.03    | Cleanliness and Sanitation          | <u>C</u> .07.07 | Child Security                                     |
| <u>C</u> .05.04    | Rooms Used for Care                 | <u>C</u> .08.01 | General Child Supervision                          |
| <u>C</u> .05.05    | Outdoor Activity Area               | <u>C</u> .10.02 | Potentially Hazardous Items                        |
| <u>C</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.

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**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

|                                                  |
|--------------------------------------------------|
| <b>PART 2 – GENERAL COMPLIANCE REVIEW, CON'T</b> |
|--------------------------------------------------|

**INSTRUCTIONS:** The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

|                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------|
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**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**

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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



\_\_\_\_\_  
Signature of Provider



\_\_\_\_\_  
Signature of Agency Representative  
Jennifer Thompson

**2/11/2026**

\_\_\_\_\_  
Date