FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
5/12/2026 8:40 AM

PROVIDER ID:
437879

REGISTRATION #:
255641

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	1	1	0
2's	● Y N	1	0	0
3's	● Y N	2	0	0
4's	● Y N	2	1	1
5's (pre-school)	● Y N	1	1	0
5-12 (school-age)	● Y N	0	0	0
TOTAL		7	3	1
Overnight		0	0	XXXXXX
Head Start	XXXXXX	0	XXXXXX	XXXXXX

REGION:
3

Fatality:
0

Serious Injury:
0

EXCELS LEVEL:
1

COMPLAINT #:

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

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

EXP DATE:
8/26/2026

BUSINESS NAME:

PROVIDER NAME:
Sapana Shah

CO-PROVIDER:
Adesewa Ajibade

ADDRESS:
9513 Elizabeth Howes Lane Owings Mills MD 21117

PERSONS INTERVIEWED:
Mrs. Sapana Shah

TITLE(S):
Provider

TELEPHONE:
(443) 857-0972

E-MAIL:
sapna.shah483@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
N	**.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
N	**.05.04**	Rooms Used for Care	D	**.08.01**	General Child Supervision
N	**.05.05**	Outdoor Activity Area	C	**.10.02**	Potentially Hazardous Items
D	**.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

N	**.02**	Admission to Care
X	**.03**	Program Records
N	**.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.

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CHAPTER 04 OPERATIONAL REQUIREMENTS

X ____.01 Hours of Care

X ____.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

C ____.01 Suitability of the Home

X ____.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

C ____.03 Provider Substitute

NA ____.04 Additional Adult

NA ____.05 Volunteers

CHAPTER 07 CHILD PROTECTION

X ____.03 Applicability to Residents

X ____.05 Parental Access

X ____.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

X ____.01 Activities

X ____.02 Materials/Equipment

X ____.03 Rest Periods

CHAPTER 10 SAFETY

D ____.01 Emergency Safety

N ____.03 Outdoor Safety

NA ____.04 Water Safety

NA ____.05 Transportation Safety

CHAPTER 11 HEALTH

X ____.01 Child Comfort/Welfare

X ____.02 Exclusion for Acute Illness

C ____.03 Infectious/Communicable Diseases

C ____.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.

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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	Date
	Grace Lawrence	5/12/2026