FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 4/1/2022 12:30 PM
PROVIDER ID: 4667
REGISTRATION #: 125306
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	0	0	0
2's	● Y N	0	0	0
3's	● Y N	0	0	0
4's	● Y N	0	0	0
5's (pre-school)	● Y N	0	0	0
5-12 (school-age)	● Y N	0	0	0
TOTAL		0	0	
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:

BUSINESS NAME:

PROVIDER NAME:

Doris Blackwell

CO-PROVIDER:

ADDRESS:

9013 Marcella Avenue Baltimore MD 21133

PERSONS INTERVIEWED:

Doris Blackwell

TITLE(S):

provider

TELEPHONE: (443) 865-0147	E-MAIL: doris0567@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	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
C ____ **.05.04**	Rooms Used for Care	C ____ **.08.01**	General Child Supervision
C ____ **.05.05**	Outdoor Activity Area	C ____ **.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

C ____ **.03B** Continuing Registration

C ____ **.04B** Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

C ____ **.01** Advertisement

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

C ____ **.02** Admission to Care

C ____ **.03** Program Records

C ____ **.04** Child Records **[exc. A]**

C ____ **.05** Notifications **[exc. C-E]**

NA ____ **.06** Variances

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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CHAPTER 04 OPERATIONAL REQUIREMENTS

C ____.01 Hours of Care

C ____.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

C ____.01 Suitability of the Home

C ____.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

C ____.03 Provider Substitute

C ____.04 Additional Adult

C ____.05 Volunteers

CHAPTER 07 CHILD PROTECTION

C ____.03 Applicability to Residents

C ____.05 Parental Access

C ____.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

C ____.01 Activities

C ____.02 Materials/Equipment

C ____.03 Rest Periods

CHAPTER 10 SAFETY

C ____.01 Emergency Safety

C ____.03 Outdoor Safety

NA ____.04 Water Safety

NA ____.05 Transportation Safety

CHAPTER 11 HEALTH

C ____.01 Child Comfort/Welfare

C ____.02 Exclusion for Acute Illness

C ____.03 Infectious/Communicable Diseases

C ____.04 Medication Administration/Storage

C ____.05 Smoking

C ____.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

C ____.01 Nutrition/Food Served

C ____.02 Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

C ____.01 Inspections

NA ____.06 Emergency Suspension

Signature of Provider

Signature of Agency Representative

4/01/2022
Date

Michelle Grant