

CHILD CARE CENTER INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 11/14/2022 11:50 AM		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <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> <tr> <td>☐</td> <td>Follow Up</td> </tr> </table>		INSPECTION TYPE		☐	Initial Application	☐	Conversion	☐	Mandatory Review	☒	Full	☐	Complaint Investigation	☐	Monitoring	☐	Other	☐	Follow Up	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">Approved Capacity <u>80</u></th> </tr> <tr> <th>AGES</th> <th>Licensed for</th> <th># Enrolled</th> <th># Present</th> </tr> <tr> <td>6 wks. – 17mos.</td> <td>Y ☒ N</td> <td>0</td> <td>0</td> </tr> <tr> <td>18 mos. – 23 mos.</td> <td>Y ☒ N</td> <td>0</td> <td>0</td> </tr> <tr> <td>2's</td> <td>Y ☒ N</td> <td>0</td> <td>0</td> </tr> <tr> <td>3's</td> <td>☒ Y ☒ N</td> <td>21</td> <td>20</td> </tr> <tr> <td>4's</td> <td>☒ Y ☒ N</td> <td>12</td> <td>12</td> </tr> <tr> <td>5's (pre-school)</td> <td>☒ Y ☒ N</td> <td>0</td> <td>0</td> </tr> <tr> <td>5-15 (school-age)</td> <td>☒ Y ☒ N</td> <td>0</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>33</td> <td>32</td> </tr> <tr> <td>Overnight</td> <td>Y ☐ N ☒</td> <td>0</td> <td>0</td> </tr> <tr> <td>Head Start</td> <td>XXXXXXX</td> <td>33</td> <td>XXXXXXX</td> </tr> </table>		Approved Capacity <u>80</u>				AGES	Licensed for	# Enrolled	# Present	6 wks. – 17mos.	Y ☒ N	0	0	18 mos. – 23 mos.	Y ☒ N	0	0	2's	Y ☒ N	0	0	3's	☒ Y ☒ N	21	20	4's	☒ Y ☒ N	12	12	5's (pre-school)	☒ Y ☒ N	0	0	5-15 (school-age)	☒ Y ☒ N	0	0	TOTAL		33	32	Overnight	Y ☐ N ☒	0	0	Head Start	XXXXXXX	33	XXXXXXX
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REGION: 2		Fatality: 0		Serious Injury: 0																																																																			
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ACCREDITED: ☐ Y ☒ N		ACCREDITED BY:		EXP DATE:																																																																			
WORKERS COMPENSATION INSURANCE COVERAGE: ☒ Y ☐ N				EXP DATE: 11/11/2023																																																																			
OPERATOR NAME: YMCA of Central Maryland, Inc.																																																																							
FACILITY NAME: Y Head Start Baltimore City @ West Preston																																																																							
ADDRESS: 507 West Preston Street Baltimore MD 21201																																																																							
PERSON(S) INTERVIEWED: Mrs. F. Dyson & Ms. S. Hall																																																																							
TITLE(S): FSA & Director																																																																							
TELEPHONE: (410) 367-9380		E-MAIL: annettecoleman@ymaryland.org ☒ 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

<u>C</u>	.02.01E	License Conspicuously Displayed	<u>C</u>	.07.06	Child Security
<u>C</u>	.03.05B	Staffing Pattern Posted	<u>C</u>	.08.01A	Child Supervision
<u>C</u>	.03.06A	Notifications	<u>C</u>	.08.02B	Qualified Staff in Charge of Groups
<u>C</u>	.04.01	Capacity	<u>C</u>	.08.03	Group Size and Staffing
<u>C</u>	.05.01A	Building Safety	<u>C</u>	.08.07	Playground Supervision
<u>C</u>	.05.08B	Sanitary Facilities and Supplies	<u>C</u>	.08.08	Rest Time Supervision
<u>C</u>	.05.11	General Cleanliness	<u>C</u>	.09.04F	No Soft Bedding with Cribs
<u>C</u>	.05.12	Outdoor Activity Area	<u>C</u>	.10.01A(4)	Emergency Escape Route Posted
<u>C</u>	.06.05C	Director – Continued Training	<u>C</u>	.10.01C	Emergency Contact Information
<u>C</u>	.06.09C	Preschool Teacher – Continued Training	<u>C</u>	.10.03	Safe Use of Materials and Equipment
<u>C</u>	.06.10C	School-age Teacher – Continued Training	<u>C</u>	.10.04	Potentially Hazardous Items
<u>C</u>	.06.11C	Asst. Teacher – Continued Training	<u>C</u>	.10.05	Rest Time Safety
<u>C</u>	.06.12B(1)-(3)	Aides – Continued Training	<u>C</u>	.12.04A	Food Safety
<u>C</u>	.07.02	Abuse and Neglect Reporting			

PART 2 – GENERAL COMPLIANCE REVIEW

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CHAPTER 02 LICENSE APPLICATION & MAINTENANCE

<u>C</u>	.03C	Maintaining a Continuing license
<u>C</u>	.04B	Conditional status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

<u>C</u>	.01	Multi-site facilities
<u>C</u>	.02	Admission to care

<u>C</u>	.03	Program records
<u>C</u>	.04	Child records
<u>C</u>	.05	Staff records [exc. B]
<u>C</u>	.06	Notifications [exc. A]
<u>C</u>	.07	Change of operation

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CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

C .08 Variances

C .09 Advertisement

CHAPTER 04 OPERATIONAL REQUIREMENTS

C .02 Enrollment and Attendance

CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT

C .01 Building Safety [exc. A]

C .02 Accessibility

C .03 Indoor Space

C .04 Building 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 REQUIREMENTS

C .01 Minimum Staff Age

C .02 Staff Orientation

C .03 Suitability for Employment

C .04 Staff Health

C .05 Directors of All Child Care Centers [exc. C]

C .06 Directors – Preschool Centers

C .07 Directors – School Age Centers

C .08 Directors – Combined Age Centers

C .09 Child Care Teachers – Preschool [exc. C]

C .10 Child Care Teachers – School Age [exc. C]

C .11 Assistant Child Care Teachers [exc. C]

C .12 Aides [exc. B(1)-(3)]

C .13 Substitutes

C .14 Support Personnel

C .15 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

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CHAPTER 08 CHILD SUPERVISION

- C.01 Individualized Attention/Care [exc. A]
C.02 Supervision by Qualified Staff [exc. B]
C.04 Variations in Group Size
C.05 Supervision during Water Activities
C.06 Supervision during Transportation

CHAPTER 09 PROGRAM REQUIREMENTS

- C.01 Schedule of Daily Activities
C.02 Activity Plans for Infants and Toddlers
C.03 Activity Materials, Equipment, Furnishings
C.04 Rest Furnishings [exc. F]
C.05 Infant and Toddler Equipment
C.06 Storage

CHAPTER 10 SAFETY

- C.01 Emergency Safety Requirements [exc. A(4) & C]
C.02 First Aid/CPR
C.06 Transportation

CHAPTER 11 HEALTH

- C.01 Exclusion for Acute Illness
C.02 Infectious and Communicable Diseases
C.03 Preventing Spread of Diseases
C.04 Medication Administration/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 Infant Feeding

CHAPTER 13 CENTERS FOR CHILDREN WITH ACUTE ILLNESS

- C.03 Approved Plan of Operation
C.04 Director Requirements
C.05 Use of Health Consultant

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CHAPTER 14 ADOLESCENT CENTERS

C .01 Approved Plan

CHAPTER 15 DROP-IN CENTERS

C .04 Approved Plan

C .06 Admission Requirements

CHAPTER 16 EDUCATIONAL PROGRAMS

C .04 Change of Operation

C .06 Personnel Qualifications

C .07 Educational Program

C .08 Child Record

C .09 Health, Fire Safety, Zoning

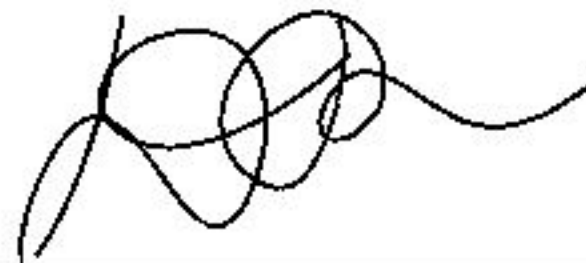
CHAPTER 17 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

C .02 Inspections

C .06 Emergency Suspension



Signature of Facility Representative



Signature of Agency Representative

Dannise Reed

11/14/2022

Date