FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 4/13/2023 1:54 PM
PROVIDER ID: 6571
REGISTRATION #: 38207
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	4	2	2	0
2's	● Y N	4	2	0
3's	● Y N	1	1	0
4's	● Y N	1	1	0
5's (pre-school)	● Y N	0	0	0
5-12 (school-age)	● Y N	0	0	0
TOTAL		8	6	0
Overnight		0	0	XXXXXX
Head Start	XXXXXXX	0	XXXXXX	XXXXXX

REGION: 2	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: Gloria Cox
CO-PROVIDER:
ADDRESS: 3817 Rolandview Ave. Baltimore MD 21215
PERSONS INTERVIEWED: Gloria Cox
TITLE(S): Provider

TELEPHONE: (410) 664-5789	E-MAIL: ladyofluv1@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 ____	**.03.04A**	Emergency Forms	
C ____	**.03.05C-E**	Notification of Changes	
C ____	**.04.03**	Child Capacity	
C ____	**.05.03**	Cleanliness and Sanitation	
C ____	**.05.04**	Rooms Used for Care	
C ____	**.05.05**	Outdoor Activity Area	
C ____	**.05.06**	Rest Furnishings	
C ____	**.06.02**	Training Requirements	
C ____	**.07.01**	Prohibition of Abuse, Neglect, Injurious Treatment	
C ____	**.07.02**	Abuse and Neglect Reporting	
C ____	**.07.04**	Child Discipline	
C ____	**.07.07**	Child Security	
C ____	**.08.01**	General Child Supervision	
C ____	**.10.02**	Potentially Hazardous Items	
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

X ____	**.02**	Admission to Care
X ____	**.03**	Program Records
X ____	**.04**	Child Records **[exc. A]**
X ____	.05	Notifications **[exc. C-E]**
X ____	**.06**	Variances

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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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

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
	Angela Leach	4/13/2023