FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 8/29/2025 9:00 AM
PROVIDER ID: 585610
REGISTRATION #:
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		0	0	1
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	1
Overnight		0	0	XXXXXX
Head Start	XXXXXX		XXXXXX	XXXXXX

REGION: 3	Fatality: 0	Serious Injury: 0
EXCELS LEVEL:	COMPLAINT #:	

ACCREDITED: ☐ Y ● N	ACCREDITED BY:	EXP DATE:
HOMEOWNER'S INSURANCE COVERAGE: ☐ N/A ☐ Y ☐ N		EXP DATE:

BUSINESS NAME:			
PROVIDER NAME: Kena Sutton-Harris			
CO-PROVIDER:			
ADDRESS: 655 Glynock Place	Reisterstown	MD	21136
PERSONS INTERVIEWED: Kena Sutton-Harris			
TITLE(S): Applicant/provider			
TELEPHONE: (443) 326-7054	E-MAIL: kenanicole@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

D	**.02.01D**	Certificate Conspicuously Displayed	D	**.06.02**	Training Requirements
D	**.03.04A**	Emergency Forms	D	**.07.01**	Prohibition of Abuse, Neglect, Injurious Treatment
D	**.03.05C-E**	Notification of Changes	D	**.07.02**	Abuse and Neglect Reporting
D	**.04.03**	Child Capacity	D	**.07.04**	Child Discipline
D	**.05.03**	Cleanliness and Sanitation	D	**.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
N	**.05.06**	Rest Furnishings	D	**.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

D	**.03B**	Continuing Registration
X	**.04B**	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

D	**.01**	Advertisement

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

D	**.02**	Admission to Care
D	**.03**	Program Records
D	**.04**	Child Records **[exc. A]**
D	.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

D ____ **.01** Hours of Care

X ____ **.02** Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

N ____ **.01** Suitability of the Home

C ____ **.02** Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

D ____ **.03** Provider Substitute

X ____ **.04** Additional Adult

X ____ **.05** Volunteers

CHAPTER 07 CHILD PROTECTION

X ____ **.03** Applicability to Residents

X ____ **.05** Parental Access

D ____ **.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

D ____ **.01** Activities

C ____ **.02** Materials/Equipment

C ____ **.03** Rest Periods

CHAPTER 10 SAFETY

N ____ **.01** Emergency Safety

D ____ **.03** Outdoor Safety

D ____ **.04** Water Safety

D ____ **.05** Transportation Safety

CHAPTER 11 HEALTH

D ____ **.01** Child Comfort/Welfare

D ____ **.02** Exclusion for Acute Illness

X ____ **.03** Infectious/Communicable Diseases

D ____ **.04** Medication Administration/Storage

D ____ **.05** Smoking

D ____ **.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

D	**.01**	Nutrition/Food Served
D	**.02**	Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

D	**.01**	Inspections
X	**.06**	Emergency Suspension

Signature of Provider	Signature of Agency Representative	Date
	Anna Trzos	8/29/2025