FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 6/6/2024 8:35 AM
PROVIDER ID: 7904
REGISTRATION #: 43704
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	1	1	0
3's	● Y N	2	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		3	1	
Overnight		0	0	XXXXXX
Head Start	XXXXXX	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:

Beverly Vines

CO-PROVIDER:

ADDRESS:

420 N. Castle Street Baltimore MD 21231

PERSONS INTERVIEWED:

Ms. Vines

TITLE(S):

Provider

TELEPHONE: (410) 276-5982	E-MAIL: beverlyvines420@yahoo.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.

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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]**
C ____	**.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

C ____ **.02** Off-Site Supervision

C ____ **.03** Water Activity Supervision

C ____ **.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

C ____ **.04** Water Safety

C ____ **.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

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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

C ____.06 Emergency Suspension

Signature of Provider	Signature of Agency Representative	Date
	Ginnea Morton	6/06/2024