FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
5/19/2026 10:50 AM

PROVIDER ID:
489608

REGISTRATION #:
259521

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	1	0	0	0
2's	● Y N	0	0	0
3's	● Y N	0	0	1
4's	● Y N	0	0	0
5's (pre-school)	● Y N	0	0	0
5-12 (school-age)	● Y N	0	0	2
TOTAL		0	0	3
Overnight		0	0	XXXXXX
Head Start	XXXXXX	0	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:
Erin Kelly

CO-PROVIDER:

ADDRESS:
212 Wilden Drive Towson MD 21286

PERSONS INTERVIEWED:
Erin Kelly

TITLE(S):
Provider

TELEPHONE:
(443) 570-1804

E-MAIL:
egrant926@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

N	**.02.01D**	Certificate Conspicuously Displayed
D	**.03.04A**	Emergency Forms
C	**.03.05C-E**	Notification of Changes
C	**.04.03**	Child Capacity
N	**.05.03**	Cleanliness and Sanitation
N	**.05.04**	Rooms Used for Care
C	**.05.05**	Outdoor Activity Area
C	**.05.06**	Rest Furnishings
N	**.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
N	**.07.07**	Child Security
D	**.08.01**	General Child Supervision
C	**.10.02**	Potentially Hazardous Items
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

N	**.03B**	Continuing Registration
NA	**.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]**
C	**.05**	Notifications **[exc. C-E]**
NA	**.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.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

CHAPTER 04 OPERATIONAL REQUIREMENTS

C ____.01 Hours of Care

D ____.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

NA ____.04 Additional Adult

NA ____.05 Volunteers

CHAPTER 07 CHILD PROTECTION

C ____.03 Applicability to Residents

D ____.05 Parental Access

D ____.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

N ____.01 Activities

C ____.02 Materials/Equipment

D ____.03 Rest Periods

CHAPTER 10 SAFETY

N ____.01 Emergency Safety

C ____.03 Outdoor Safety

NA ____.04 Water Safety

NA ____.05 Transportation Safety

CHAPTER 11 HEALTH

D ____.01 Child Comfort/Welfare

D ____.02 Exclusion for Acute Illness

D ____.03 Infectious/Communicable Diseases

D ____.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

N	**.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	Date
	Kiani Strong	5/19/2026