

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 11/24/2025 2:45 PM		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr> <td style="width: 5%;"></td> <td>Initial Application</td> </tr> <tr> <td></td> <td>Conversion</td> </tr> <tr> <td></td> <td>Mandatory Review</td> </tr> <tr> <td style="text-align: center;">✓</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> </table> ☐ Follow Up		INSPECTION TYPE			Initial Application		Conversion		Mandatory Review	✓	Full		Complaint Investigation		Monitoring		Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>AGES</th> <th>Registered for</th> <th># Enrolled</th> <th># Present</th> <th>Resident Children</th> </tr> <tr> <td>0-23 Months</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>2's</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>3's</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>4's</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5's (pre-school)</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5-12 (school-age)</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td style="text-align: center;">0</td> <td></td> </tr> <tr> <td>Overnight</td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">XXXXXX</td> </tr> <tr> <td>Head Start</td> <td style="text-align: center;">XXXXXXXX</td> <td style="text-align: center;">0</td> <td style="text-align: center;">XXXXXX</td> <td style="text-align: center;">XXXXXX</td> </tr> </table>					AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	0	0	0	0	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		Overnight		0	0	XXXXXX	Head Start	XXXXXXXX	0	XXXXXX	XXXXXX
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REGION: 3		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: 11/01/2026																																																																					
BUSINESS NAME:																																																																										
PROVIDER NAME: Gwendolyn Thomas																																																																										
CO-PROVIDER:																																																																										
ADDRESS: 6523 Ridgeborne Drive Baltimore MD 21237																																																																										
PERSONS INTERVIEWED: Gwen Thomas																																																																										
TITLE(S): Provider																																																																										
TELEPHONE: (443) 834-3075			E-MAIL: gwendolynthomas56@yahoo.com ☒ Verified ☐ N/A																																																																							

PART 1 - MANDATORY REVIEW ITEMS
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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.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

<u>C</u> .02.01D	Certificate Conspicuously Displayed	<u>C</u> .06.02	Training Requirements
<u>C</u> .03.04A	Emergency Forms	<u>C</u> .07.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>C</u> .03.05C-E	Notification of Changes	<u>C</u> .07.02	Abuse and Neglect Reporting
<u>C</u> .04.03	Child Capacity	<u>C</u> .07.04	Child Discipline
<u>C</u> .05.03	Cleanliness and Sanitation	<u>C</u> .07.07	Child Security
<u>C</u> .05.04	Rooms Used for Care	<u>C</u> .08.01	General Child Supervision
<u>C</u> .05.05	Outdoor Activity Area	<u>C</u> .10.02	Potentially Hazardous Items
<u>C</u> .05.06	Rest Furnishings	<u>C</u> .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.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

CHAPTER 02 REGISTRATION APPLICATION AND MAINTENANCE

N .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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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

<u>C</u>	.01	Hours of Care
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<u>C</u>	.02	Age Group Enrollment
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CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

<u>C</u>	.01	Suitability of the Home
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<u>C</u>	.02	Lead-Safe Environment
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CHAPTER 06 PROVIDER REQUIREMENTS

<u>C</u>	.03	Provider Substitute
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<u>C</u>	.04	Additional Adult
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<u>C</u>	.05	Volunteers
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CHAPTER 07 CHILD PROTECTION

<u>C</u>	.03	Applicability to Residents
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<u>C</u>	.05	Parental Access
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<u>C</u>	.06	Authorized Release
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CHAPTER 08 CHILD SUPERVISION

<u>C</u>	.02	Off-Site Supervision
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<u>C</u>	.03	Water Activity Supervision
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<u>C</u>	.04	Overnight Care Supervision
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CHAPTER 09 PROGRAM REQUIREMENTS

<u>C</u>	.01	Activities
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<u>C</u>	.02	Materials/Equipment
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<u>C</u>	.03	Rest Periods
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CHAPTER 10 SAFETY

<u>C</u>	.01	Emergency Safety
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<u>C</u>	.03	Outdoor Safety
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<u>C</u>	.04	Water Safety
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<u>C</u>	.05	Transportation Safety
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CHAPTER 11 HEALTH

<u>C</u>	.01	Child Comfort/Welfare
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<u>C</u>	.02	Exclusion for Acute Illness
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<u>C</u>	.03	Infectious/Communicable Diseases
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<u>C</u>	.04	Medication Administration/Storage
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<u>C</u>	.05	Smoking
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<u>C</u>	.06	Consumption of Alcohol/Drugs
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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
Jason Harvey

11/24/2025

Date