FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 6/12/2026 8:00 AM
PROVIDER ID: 431420
REGISTRATION #: 255664
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	1	1	0
2's	● Y N	1	1	0
3's	● Y N	0	0	0
4's	● Y N	3	3	0
5's (pre-school)	● Y N	0	0	0
5-12 (school-age)	● Y N	1	1	0
TOTAL		6	6	
Overnight		0	0	XXXXXX
Head Start	XXXXXX		XXXXXX	XXXXXX

REGION: 11	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:

Allyson Dostal

CO-PROVIDER:

ADDRESS:

513 Lighthouse Drive Perryville MD 21903

PERSONS INTERVIEWED:

Allyson Dostal

TITLE(S):

Provider

TELEPHONE: (443) 374-8172	E-MAIL: ally@dostal.family ◔ 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 ____ .06.02	Training Requirements
C ____ .03.04A	Emergency Forms	C ____ .07.01	Prohibition of Abuse, Neglect, Injurious Treatment
C ____ .03.05C-E	Notification of Changes	C ____ .07.02	Abuse and Neglect Reporting
C ____ .04.03	Child Capacity	C ____ .07.04	Child Discipline
C ____ .05.03	Cleanliness and Sanitation	C ____ .07.07	Child Security
C ____ .05.04	Rooms Used for Care	C ____ .08.01	General Child Supervision
N ____ .05.05	Outdoor Activity Area	C ____ .10.02	Potentially Hazardous Items
C ____ .05.06	Rest Furnishings	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

C ____ .02	Admission to Care
X ____ .03	Program Records
N ____ .04	Child Records **[exc. A]**
X ____ .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.

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

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

N ____.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
	Shantell Fletcher	6/12/2026