

MARYLAND STATE DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE
REQUEST FOR FIRE INSPECTION

Region: 2 Baltimore City Date: Phone Number: 667-354-5196 Email: angela.leach@maryland.gov
Requested by: MSDE Office of Child Care Region 2, Licensing Specialist, Angela Leach
Address: 5601 B Metro Drive, Baltimore, Maryland 21215
Street City State Zip Code

Provider/Facility name:	Shanice Johnson	TYPE OF PROGRAM	
Address of Provider/Facility	3205 Yosemite Avenue		X Family Child Care Home
	Baltimore, MD 21215		School/Before/After Care
			Child Care Center/Letter of Compliance
Home phone: 240-604-1808	Cell #:		Nursery School/Kindergarten
Contact: Shanice Johnson		Program serves children ages:	2-5 years old
Comments:		Hours of Operation: 8am-6pm	Days of the week: Monday-Friday
TYPE OF INSPECTION			
x	Initial Inspection	X	Anniversary Inspection
	Follow-up on violations		Complaint
	Overnight Care		Other Increase ages to include school age children

Capacity: Number of own children 0-5 years of age: x

X Check here if this is a new program with capacity not yet assigned pending other inspections.

FROM: _____
Fire Authority Title

ADDRESS: _____
Street City State Zip Code
Our inspection shows this facility

	is
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	is not
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 in compliance with applicable State and local fire codes for

The type of program and ages of children marked above. This inspection further shows that the evacuation plan has been

Evaluated and

	is
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	is not
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 approved by this Department.

Restrictions (if any): _____

Approved sleep areas:	Specify off-limit areas for Child Care:								
<table border="1"><tr><td></td><td>Approved</td></tr><tr><td></td><td>Disapproved</td></tr><tr><td></td><td>Approved with Plan to Correct</td></tr><tr><td></td><td>Emergency Suspension because of imminent risk to children</td></tr></table>		Approved		Disapproved		Approved with Plan to Correct		Emergency Suspension because of imminent risk to children	Comments:
	Approved								
	Disapproved								
	Approved with Plan to Correct								
	Emergency Suspension because of imminent risk to children								
	Signature of Fire Inspector: _____ Date: _____								

(Please attach plan of correction and any other correspondence when returning this form.)