

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

Region: 2 Baltimore City Date: _____ Phone Number: 667-354-5185 Email: mary.tracey@maryland.gov

Requested by: MSDE Office of Child Care Region 2, Licensing Specialist, Mary Tracey

Address: 5601 B Metro Drive, Baltimore, Maryland 21215

Street

City

State

Zip Code

Provider/Facility name:	Kimberly C. Patterson	TYPE OF PROGRAM	
Address of Provider/Facility	3703 Evergreen Avenue		X Family Child Care Home
	Baltimore, MD 21206		School/Before/After Care
			Child Care Center/Letter of Compliance
Home phone: 215-430-1809	Work #:		Nursery School/Kindergarten
Contact: Kimberly Patterson		Program serves children ages:	
Comments:		Hours of Operation:	Days of the week:
TYPE OF INSPECTION			
☒	Initial Inspection	☐	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: _____

☒ 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
--	----

	is not
--	--------

 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
--	----

	is not
--	--------

 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.)