

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 7/1/2019 10:19 AM		<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 style="text-align: center;">☒</td> <td>Mandatory Review</td> </tr> <tr> <td></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>		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;">☒ Y</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> </tr> <tr> <td>2's</td> <td style="text-align: center;">☒ Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3's</td> <td style="text-align: center;">☒ Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4's</td> <td style="text-align: center;">☒ Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>5's (pre-school)</td> <td style="text-align: center;">☒ Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td>5-12 (school-age)</td> <td style="text-align: center;">☒ Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td style="text-align: center;">8</td> <td style="text-align: center;">11</td> </tr> <tr> <td>Overnight</td> <td></td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Head Start</td> <td></td> <td></td> <td style="text-align: center;">0</td> <td style="text-align: center;">XXXXXX</td> </tr> </table>					AGES	Registered for	# Enrolled	# Present	Resident Children	0-23 Months	☒ Y	2	1	0	2's	☒ Y	N	0	2	3's	☒ Y	N	2	2	4's	☒ Y	N	2	3	5's (pre-school)	☒ Y	N	0	1	5-12 (school-age)	☒ Y	N	3	3	TOTAL			8	11	Overnight			0	0	Head Start			0	XXXXXX
INSPECTION TYPE																																																																										
	Initial Application																																																																									
	Conversion																																																																									
☒	Mandatory Review																																																																									
	Full																																																																									
	Complaint Investigation																																																																									
	Monitoring																																																																									
	Other																																																																									
AGES	Registered for	# Enrolled	# Present	Resident Children																																																																						
0-23 Months	☒ Y	2	1	0																																																																						
2's	☒ Y	N	0	2																																																																						
3's	☒ Y	N	2	2																																																																						
4's	☒ Y	N	2	3																																																																						
5's (pre-school)	☒ Y	N	0	1																																																																						
5-12 (school-age)	☒ Y	N	3	3																																																																						
TOTAL			8	11																																																																						
Overnight			0	0																																																																						
Head Start			0	XXXXXX																																																																						
PROVIDER ID: 182500																																																																										
REGISTRATION #: 153734																																																																										
JURISDICTION:																																																																										
REGION: 11																																																																										
EXCELS LEVEL: 1		COMPLAINT #:																																																																								
ACCREDITED: ☐ Y ☒ N		ACCREDITED BY:			EXP DATE:																																																																					
HOMEOWNER'S INSURANCE COVERAGE: ☐ N/A ☒ ☐ N					EXP DATE: 1/05/2020																																																																					
BUSINESS NAME:																																																																										
PROVIDER NAME: Shontrell Barmer																																																																										
CO-PROVIDER:																																																																										
ADDRESS: 2424 Beaver Crossing Road Edgewood MD 21040																																																																										
PERSONS INTERVIEWED: Shontrell Barmer																																																																										
TITLE(S): Provider																																																																										
TELEPHONE: (410) 676-1839			E-MAIL: sbarmer1@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.

<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> .07.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>N</u> .03.04A	Emergency Forms	<u>C</u> .07.02	Abuse and Neglect Reporting
<u>C</u> .03.05C-E	Notification of Changes	<u>C</u> .07.04	Child Discipline
<u>N</u> .04.03	Child Capacity	<u>D</u> .07.07	Child Security
<u>C</u> .05.03	Cleanliness and Sanitation	<u>C</u> .08.01	General Child Supervision
<u>C</u> .05.04	Rooms Used for Care	<u>C</u> .08.03	Supervision of Resting Children
<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
<u>C</u> .06.02	Training Requirements		

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

X.03B Continuing Registration
X.04B Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

X.01 Advertisement

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

X.02 Admission to Care
X.03 Program Records
X.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.

<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 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 .04 Water Activity Supervision

X .05 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

X .01 Activities

X .02 Materials/Equipment

X .03 Rest Periods

CHAPTER 10 SAFETY

X .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.

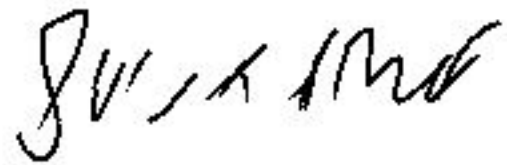
C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

CHAPTER 12 NUTRITION

X.01 Nutrition/Food Served
X.02 Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X.01 Inspections



Signature of Provider



Signature of Agency Representative

7/01/2019

Date