

LARGE CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 12/13/2023 11:30 AM		<table border="1"> <thead> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> </thead> <tbody> <tr> <td></td> <td>Initial Application</td> </tr> <tr> <td></td> <td>Conversion</td> </tr> <tr> <td>✓</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> </tbody> </table>		INSPECTION TYPE			Initial Application		Conversion	✓	Mandatory Review		Full		Complaint Investigation		Monitoring		Other	<table border="1"> <thead> <tr> <th>AGES</th> <th colspan="2">Registered for</th> <th># Enrolled</th> <th># in Attendance</th> <th>Resident Children</th> </tr> </thead> <tbody> <tr> <td>0 – 23 mos.</td> <td>● Y</td> <td>N</td> <td>2</td> <td>2</td> <td>0</td> </tr> <tr> <td>2's</td> <td>● Y</td> <td>N</td> <td>3</td> <td>2</td> <td>0</td> </tr> <tr> <td>3's</td> <td>● Y</td> <td>N</td> <td>3</td> <td>3</td> <td>0</td> </tr> <tr> <td>4's</td> <td>● Y</td> <td>N</td> <td>3</td> <td>2</td> <td>0</td> </tr> <tr> <td>5's (pre-school)</td> <td>● Y</td> <td>N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>5-12 (school-age)</td> <td>● Y</td> <td>N</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td>11</td> <td>9</td> <td></td> </tr> <tr> <td>Overnight</td> <td>Y</td> <td>N</td> <td>0</td> <td>0</td> <td></td> </tr> <tr> <td>Head Start</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					AGES	Registered for		# Enrolled	# in Attendance	Resident Children	0 – 23 mos.	● Y	N	2	2	0	2's	● Y	N	3	2	0	3's	● Y	N	3	3	0	4's	● Y	N	3	2	0	5's (pre-school)	● Y	N	0	0	0	5-12 (school-age)	● Y	N	0	0	0	TOTAL			11	9		Overnight	Y	N	0	0		Head Start					
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REGION: 4		COMPLAINT #:																																																																																		
EXCELS LEVEL: 1		NURSERY SCHOOL: ☐ Y ☒ N		Fatality: 0		Serious Injury: 0																																																																														
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WORKERS COMPENSATION INSURANCE COVERAGE: ☒ Y ☐ N					EXP DATE: 3/16/2024																																																																															
HOMEOWNER'S INSURANCE COVERAGE: ☐ Y ☒ N					EXP DATE:																																																																															
PROVIDER NAME: Sheron Bello																																																																																				
BUSINESS NAME:																																																																																				
ADDRESS: 704 Etna Drive								Upper Marlboro																																																																												
								MD 20774																																																																												
PERSON(S) INTERVIEWED: Sheron Bello																																																																																				
TITLE(S): Director																																																																																				
TELEPHONE: (301) 238-5920				E-MAIL: jamaicangurl@yahoo.com																																																																																
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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

<u>C</u> .02.01D Registration Conspicuously Displayed	<u>C</u> .07.02 Abuse and Neglect Reporting
<u>C</u> .03.04C Emergency Forms	<u>C</u> .07.06 Child Security
<u>C</u> .03.05B Staffing Pattern Posted	<u>C</u> .08.01A Individualized Attention and Care
<u>C</u> .03.06A, E-F Staff/Resident/ Change Notification	<u>C</u> .08.02B Supervision by Qualified Staff
<u>C</u> .04.02 Child Capacity	<u>C</u> .08.03 Group Size and Staffing
<u>C</u> .05.03 Rooms Used for Care	<u>C</u> .08.08 Rest Time Supervision
<u>C</u> .05.08B Diapering Area	<u>C</u> .09.04 Rest Furnishings
<u>C</u> .05.11 Cleanliness and Sanitation	<u>C</u> .10.01A(4) Emergency Escape Route Posted
<u>C</u> .05.12 Outdoor Activity Area	<u>C</u> .10.01C Emergency Contact Information
<u>C</u> .06.05G Director – Continued Training	<u>C</u> .10.04 Potentially Hazardous Items
<u>C</u> .06.06D Family Child Care Teacher – Continued Training	<u>C</u> .10.05 Rest Time Safety
<u>C</u> .06.07A(3)-(6) Aides – Continued Training	<u>C</u> .12.04A Food 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 LICENSE APPLICATION & APPLICATION REQUIREMENTS

<u>X</u> .03B	Maintenance of Continuing Registration
<u>X</u> .04B	Conditional Registration

CHAPTER 03 MANAGEMENT & ADMINISTRATION

<u>X</u> .01	Advertisement
<u>X</u> .02	Admission to care
<u>X</u> .03	Program records

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CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

X .04 Child records (exc. C)
X .05 Staff records (exc. B)
X .06 Notifications (exc. A, E, F)
X .07 Change of operation
X .08 Variances

CHAPTER 04 OPERATIONAL REQUIREMENTS

X .01 Hours of Care
X .03 Enrollment and Attendance

CHAPTER 05 HOME ENVIRONMENT AND EQUIPMENT

X .01 Suitability of Home
X .02 Accessibility
X .04 Home Repair and Maintenance
X .05 Lead-Safe Environment
X .06 Ventilation and Temperature
X .07 Water Supply
X .08 Sanitary Facilities and Supplies (exc. B)
X .09 Lighting
X .10 Telephone and Communication
X .13 Swimming Facilities

CHAPTER 06 STAFF

X .01 Minimum Staff Age
X .02 Staff Orientation
X .03 Suitability for Employment
X .04 Staff Health
X .05 Child Care Home Directors (exc. G)
X .06 Family Child Care Teachers (exc. D)
X .07 Aides (exc. A(3)-(6))
X .08 Substitutes
X .09 Support Personnel
X .10 Volunteers

CHAPTER 07 CHILD PROTECTION

X .01 Prohibition of Abuse, Neglect, Injurious Treatment
X .03 Child Discipline
X .04 Parental Access
X .05 Authorized Release

CHAPTER 08 CHILD SUPERVISION

X .01 Individualized Attention and Care (exc. A)
X .02 Supervision by Qualified Staff (exc. B)
X .04 Variations in Group Size
X .05 Supervision during Water Activities

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CHAPTER 08 CHILD SUPERVISION, CON'T

X.06 Supervision during Transportation

X.07 Playground Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

X.01 Schedule of Daily Activities for All Children

X.02 Activity Plans for Infants and Toddlers

X.03 Activity Materials, Equipment, Furnishings

X.05 Equipment for Infants and Toddlers

X.06 Storage

CHAPTER 10 SAFETY

X.01 Emergency Safety Requirements [exc. A(4) & C]

X.02 First Aid and CPR

X.03 Safe use of Materials and Equipment

X.06 Transportation

CHAPTER 11 HEALTH

X.01 Exclusion for Acute Illness

X.02 Infectious and Communicable Diseases

CHAPTER 11 HEALTH, CON'T

X.03 Preventing Spread of Diseases

X.04 Medication Administration and Storage

X.05 Smoking

X.06 Alcohol and Drugs

CHAPTER 12 NUTRITION

X.01 Food Service

X.02 Modified Diet

X.03 Food Sources

X.04 Food Storage and Preparation (exc. A)

X.05 Food Preparation Area and Equipment

X.06 Feeding Infants and Toddlers

CHAPTER 13 EDUCATIONAL PROGRAMS

X.06 Personnel Qualifications

X.07 Educational Programs

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CHAPTER 13 EDUCATIONAL PROGRAMS, CON'T

X.08 Child Records

X.09 Health, Fire Safety, Zoning

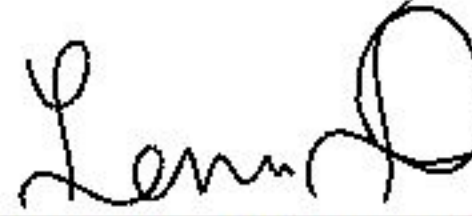
CHAPTER 14 INSPECTIONS

C.01 Inspections

X.06 Emergency Suspension



Signature of Provider



Signature of Agency Representative

Lena Dixon

12/13/2023

Date