LARGE CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
7/12/2022 12:30 PM

PROVIDER ID:
392232

LICENSE #:
253392

JURISDICTION:

INSPECTION TYPE	
	Initial Application
	Conversion
✔	Mandatory Review
	Full
	Complaint Investigation
	Monitoring
	Other

☐ Follow Up

AGES	Registered for	# Enrolled	# in Attendance	Resident Children
0 – 23 mos.	● Y N	3	3	0
2's	● Y N	2	2	0
3's	● Y N	2	1	0
4's	● Y N	3	3	0
5's (pre-school)	● Y N	0	0	1
5-12 (school-age)	Y ● N	0	0	0
TOTAL		10	9	1
Overnight	Y N	0	0	
Head Start		0		

REGION:
5

COMPLAINT #:

EXCELS LEVEL:
1

NURSERY SCHOOL: ☐ Y ● N

Fatality:
0

Serious Injury:
0

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

WORKERS COMPENSATION INSURANCE COVERAGE: ● Y ☐ N

EXP DATE:
6/07/2023

HOMEOWNER'S INSURANCE COVERAGE: ● Y ☐ N

EXP DATE:
7/25/2022

PROVIDER NAME:
Rocio Castillo-Falconi

BUSINESS NAME:

ADDRESS:
9209 Rosemont Drive Gaithersburg MD 20877

PERSON(S) INTERVIEWED:
Rocio Castillo-Falconi

TITLE(S):
Provider/Director

TELEPHONE:
(240) 498-4599

E-MAIL:
Rocio@learn2blossom.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.

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

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

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CHAPTER 02 LICENSE APPLICATION & APPLICATION REQUIREMENTS

X ___ **.03B** Maintenance of Continuing Registration
X ___ **.04B** Conditional Registration

CHAPTER 03 MANAGEMENT & ADMINISTRATION

X ___ **.01** Advertisement
X ___ **.02** Admission to care
X ___ **.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

X .01 Inspections

X .06 Emergency Suspension

Signature of Provider	Signature of Agency Representative	Date
	James Sherwood	7/12/2022