FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
5/1/2024 12:13 PM

PROVIDER ID:
438178

REGISTRATION #:
255731

JURISDICTION:

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

☐ Follow Up

AGES	Registered for	# Enrolled	# Present	Resident Children
0-23 Months	2	0	0	0
2's	● Y N	1	1	0
3's	● Y N	1	0	0
4's	● Y N	1	1	0
5's (pre-school)	● Y N	0	0	0
5-12 (school-age)	● Y N	0	0	1
TOTAL		3	2	1
Overnight		0	0	XXXXXX
Head Start	XXXXXX	0	XXXXXX	XXXXXX

REGION:
1

Fatality:
0

Serious Injury:
0

EXCELS LEVEL:
0

COMPLAINT #:

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

HOMEOWNER'S INSURANCE COVERAGE: ☑ N/A ☐ Y ☐ N

EXP DATE:

BUSINESS NAME:
Learn and Grow family child care

PROVIDER NAME:
Crystal Bills

CO-PROVIDER:

ADDRESS:
917 11th Street Pasadena MD 21122

PERSONS INTERVIEWED:
Crystal Bills

TITLE(S):
Provider

TELEPHONE:
(443) 577-7385

E-MAIL:
crystalthestylist@yahoo.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**	Certificate Conspicuously Displayed	C ____ **.06.02**	Training Requirements
C ____ **.03.04A**	Emergency Forms	C ____ **.07.01**	Prohibition of Abuse, Neglect, Injurious Treatment
C ____ **.03.05C-E**	Notification of Changes	D ____ **.07.02**	Abuse and Neglect Reporting
C ____ **.04.03**	Child Capacity	C ____ **.07.04**	Child Discipline
C ____ **.05.03**	Cleanliness and Sanitation	C ____ **.07.07**	Child Security
C ____ **.05.04**	Rooms Used for Care	D ____ **.08.01**	General Child Supervision
C ____ **.05.05**	Outdoor Activity Area	C ____ **.10.02**	Potentially Hazardous Items
C ____ **.05.06**	Rest Furnishings	C ____ **.10.06**	Rest Time 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 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

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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 ____.03 Water Activity Supervision

X ____.04 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

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CHAPTER 12 NUTRITION

X ____**.01** Nutrition/Food Served

X ____**.02** Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X ____**.01** Inspections

X ____**.06** Emergency Suspension

Signature of Provider	Signature of Agency Representative	Date
	Christine White	5/01/2024