

CHILD CARE CENTER INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 1/13/2025 10:17 AM		<table border="1"> <tr><th colspan="2">INSPECTION TYPE</th></tr> <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 Measuring</td></tr> </table>		INSPECTION TYPE		☐	Initial Application	☐	Conversion	☐	Mandatory Review	☐	Full	☐	Complaint Investigation	☐	Monitoring	☒	Other Measuring	<table border="1"> <tr><th colspan="4">Approved Capacity 115</th></tr> <tr> <th>AGES</th> <th>Licensed for</th> <th># Enrolled</th> <th># Present</th> </tr> <tr><td>6 wks. – 17mos.</td><td>☒ Y ☐ N</td><td>0</td><td>0</td></tr> <tr><td>18 mos. – 23 mos.</td><td>☒ Y ☐ N</td><td>0</td><td>0</td></tr> <tr><td>2's</td><td>☒ Y ☐ N</td><td>0</td><td>0</td></tr> <tr><td>3's</td><td>☒ Y ☐ N</td><td>0</td><td>0</td></tr> <tr><td>4's</td><td>☒ Y ☐ N</td><td>0</td><td>0</td></tr> <tr><td>5's (pre-school)</td><td>☒ Y ☐ N</td><td>0</td><td>0</td></tr> <tr><td>5-15 (school-age)</td><td>☒ Y ☐ N</td><td>0</td><td>0</td></tr> <tr><td>TOTAL</td><td></td><td></td><td></td></tr> <tr><td>Overnight</td><td>☐ Y ☐ N</td><td>0</td><td>0</td></tr> <tr><td>Head Start</td><td>☐ Y ☐ N</td><td>0</td><td>0</td></tr> </table>				Approved Capacity 115				AGES	Licensed for	# Enrolled	# Present	6 wks. – 17mos.	☒ Y ☐ N	0	0	18 mos. – 23 mos.	☒ Y ☐ N	0	0	2's	☒ Y ☐ N	0	0	3's	☒ Y ☐ N	0	0	4's	☒ Y ☐ N	0	0	5's (pre-school)	☒ Y ☐ N	0	0	5-15 (school-age)	☒ Y ☐ N	0	0	TOTAL				Overnight	☐ Y ☐ N	0	0	Head Start	☐ Y ☐ N	0	0
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LICENSE #: 156894																																																																							
JURISDICTION:		COMPLAINT #:																																																																					
REGION: 5		Fatality: 0		Serious Injury: 0																																																																			
EXCELS LEVEL: 3		NURSERY SCHOOL: ☐ Y ☒ N		HEAD START PROGRAM: ☐ Y ☒ N																																																																			
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WORKERS COMPENSATION INSURANCE COVERAGE: ☐ Y ☐ N				EXP DATE:																																																																			
OPERATOR NAME: KidsCo., Inc.																																																																							
FACILITY NAME: KidsCo Inc. @ Pine Crest																																																																							
ADDRESS: 201 Woodmoor Drive Silver Spring MD 20901																																																																							
PERSON(S) INTERVIEWED: Davi Lavore																																																																							
TITLE(S): Agent																																																																							
TELEPHONE: (301) 592-0180		E-MAIL: davi@KidsCoOnline.com																																																																					

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>X</u>	<u>.02.01E</u>	License Conspicuously Displayed	<u>X</u>	<u>.07.06</u>	Child Security
<u>X</u>	<u>.03.05B</u>	Staffing Pattern Posted	<u>X</u>	<u>.08.01A</u>	Child Supervision
<u>X</u>	<u>.03.06A</u>	Notifications	<u>X</u>	<u>.08.02B</u>	Qualified Staff in Charge of Groups
<u>X</u>	<u>.04.01</u>	Capacity	<u>X</u>	<u>.08.03</u>	Group Size and Staffing
<u>X</u>	<u>.05.01A</u>	Building Safety	<u>X</u>	<u>.08.07</u>	Playground Supervision
<u>X</u>	<u>.05.08B</u>	Sanitary Facilities and Supplies	<u>X</u>	<u>.08.08</u>	Rest Time Supervision
<u>X</u>	<u>.05.11</u>	General Cleanliness	<u>X</u>	<u>.09.04F</u>	No Soft Bedding with Cribs
<u>X</u>	<u>.05.12</u>	Outdoor Activity Area	<u>X</u>	<u>.10.01A(4)</u>	Emergency Escape Route Posted
<u>X</u>	<u>.06.05C</u>	Director – Continued Training	<u>X</u>	<u>.10.01C</u>	Emergency Contact Information
<u>X</u>	<u>.06.09C</u>	Preschool Teacher – Continued Training	<u>X</u>	<u>.10.03</u>	Safe Use of Materials and Equipment
<u>X</u>	<u>.06.10C</u>	School-age Teacher – Continued Training	<u>X</u>	<u>.10.04</u>	Potentially Hazardous Items
<u>X</u>	<u>.06.11C</u>	Asst. Teacher – Continued Training	<u>X</u>	<u>.10.05</u>	Rest Time Safety
<u>X</u>	<u>.06.12B(1)-(3)</u>	Aides – Continued Training	<u>X</u>	<u>.12.04A</u>	Food Safety
<u>X</u>	<u>.07.02</u>	Abuse and Neglect Reporting			

PART 2 – GENERAL COMPLIANCE REVIEW

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CHAPTER 02 LICENSE APPLICATION & MAINTENANCE

<u>X</u>	<u>.03C</u>	Maintaining a Continuing license
<u>X</u>	<u>.04B</u>	Conditional status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

<u>X</u>	<u>.01</u>	Multi-site facilities
<u>X</u>	<u>.02</u>	Admission to care

<u>X</u>	<u>.03</u>	Program records
<u>X</u>	<u>.04</u>	Child records
<u>X</u>	<u>.05</u>	Staff records [exc. B]
<u>X</u>	<u>.06</u>	Notifications [exc. A]
<u>X</u>	<u>.07</u>	Change of operation

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

X
 _____.08 Variances

X
 _____.09 Advertisement

CHAPTER 04 OPERATIONAL REQUIREMENTS

X
 _____.02 Enrollment and Attendance

CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT

X
 _____.01 Building Safety [exc. A]

X
 _____.02 Accessibility

X
 _____.03 Indoor Space

X
 _____.04 Building 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 REQUIREMENTS

X
 _____.01 Minimum Staff Age

X
 _____.02 Staff Orientation

X
 _____.03 Suitability for Employment

X
 _____.04 Staff Health

X
 _____.05 Directors of All Child Care Centers [exc. C]

X
 _____.06 Directors – Preschool Centers

X
 _____.07 Directors – School Age Centers

X
 _____.08 Directors – Combined Age Centers

X
 _____.09 Child Care Teachers – Preschool [exc. C]

X
 _____.10 Child Care Teachers – School Age [exc. C]

X
 _____.11 Assistant Child Care Teachers [exc. C]

X
 _____.12 Aides [exc. B(1)-(3)]

X
 _____.13 Substitutes

X
 _____.14 Support Personnel

X
 _____.15 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

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CHAPTER 08 CHILD SUPERVISION

- X .01 Individualized Attention/Care [exc. A]
X .02 Supervision by Qualified Staff [exc. B]
X .04 Variations in Group Size
X .05 Supervision during Water Activities
X .06 Supervision during Transportation

CHAPTER 09 PROGRAM REQUIREMENTS

- X .01 Schedule of Daily Activities
X .02 Activity Plans for Infants and Toddlers
X .03 Activity Materials, Equipment, Furnishings
X .04 Rest Furnishings [exc. F]
X .05 Infant and Toddler Equipment
X .06 Storage

CHAPTER 10 SAFETY

- X .01 Emergency Safety Requirements [exc. A(4) & C]
X .02 First Aid/CPR
X .06 Transportation

CHAPTER 11 HEALTH

- X .01 Exclusion for Acute Illness
X .02 Infectious and Communicable Diseases
X .03 Preventing Spread of Diseases
X .04 Medication Administration/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 Infant Feeding

CHAPTER 13 CENTERS FOR CHILDREN WITH ACUTE ILLNESS

- X .03 Approved Plan of Operation
X .04 Director Requirements
X .05 Use of Health Consultant

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CHAPTER 14 ADOLESCENT CENTERS

X____.01 Approved Plan

CHAPTER 15 DROP-IN CENTERS

X____.04 Approved Plan

X____.06 Admission Requirements

CHAPTER 16 EDUCATIONAL PROGRAMS

X____.04 Change of Operation

X____.06 Personnel Qualifications

X____.07 Educational Program

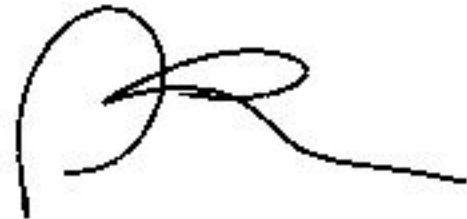
X____.08 Child Record

X____.09 Health, Fire Safety, Zoning

CHAPTER 17 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X____.02 Inspections

X____.06 Emergency Suspension



Signature of Facility Representative



Signature of Agency Representative

Johanna Thomas

1/13/2025

Date