

CHILD CARE CENTER INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 10/9/2025 9:30 AM		<table border="1" style="width:100%; border-collapse: collapse;"> <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</td></tr> <tr><td>☐</td><td>Follow Up</td></tr> </table>		INSPECTION TYPE		☐	Initial Application	☐	Conversion	☐	Mandatory Review	☐	Full	☒	Complaint Investigation	☐	Monitoring	☐	Other	☐	Follow Up	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">Approved Capacity 149</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>13</td> <td>8</td> </tr> <tr> <td>18 mos. – 23 mos.</td> <td>☒ Y ☐ N</td> <td>21</td> <td>15</td> </tr> <tr> <td>2's</td> <td>☒ Y ☐ N</td> <td>24</td> <td>21</td> </tr> <tr> <td>3's</td> <td>☒ Y ☐ N</td> <td>18</td> <td>15</td> </tr> <tr> <td>4's</td> <td>☒ Y ☐ N</td> <td>21</td> <td>16</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>9</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>106</td> <td>75</td> </tr> <tr> <td>Overnight</td> <td>☐ Y ☐ N</td> <td>0</td> <td>0</td> </tr> <tr> <td>Head Start</td> <td>XXXXXXX</td> <td>0</td> <td>XXXXXXX</td> </tr> </table>		Approved Capacity 149				AGES	Licensed for	# Enrolled	# Present	6 wks. – 17mos.	☒ Y ☐ N	13	8	18 mos. – 23 mos.	☒ Y ☐ N	21	15	2's	☒ Y ☐ N	24	21	3's	☒ Y ☐ N	18	15	4's	☒ Y ☐ N	21	16	5's (pre-school)	☒ Y ☐ N	0	0	5-15 (school-age)	☒ Y ☐ N	9	0	TOTAL		106	75	Overnight	☐ Y ☐ N	0	0	Head Start	XXXXXXX	0	XXXXXXX
INSPECTION TYPE																																																																							
☐	Initial Application																																																																						
☐	Conversion																																																																						
☐	Mandatory Review																																																																						
☐	Full																																																																						
☒	Complaint Investigation																																																																						
☐	Monitoring																																																																						
☐	Other																																																																						
☐	Follow Up																																																																						
Approved Capacity 149																																																																							
AGES	Licensed for	# Enrolled	# Present																																																																				
6 wks. – 17mos.	☒ Y ☐ N	13	8																																																																				
18 mos. – 23 mos.	☒ Y ☐ N	21	15																																																																				
2's	☒ Y ☐ N	24	21																																																																				
3's	☒ Y ☐ N	18	15																																																																				
4's	☒ Y ☐ N	21	16																																																																				
5's (pre-school)	☒ Y ☐ N	0	0																																																																				
5-15 (school-age)	☒ Y ☐ N	9	0																																																																				
TOTAL		106	75																																																																				
Overnight	☐ Y ☐ N	0	0																																																																				
Head Start	XXXXXXX	0	XXXXXXX																																																																				
PROVIDER ID: 506260		COMPLAINT #: 15042894																																																																					
LICENSE #: 259711																																																																							
JURISDICTION:																																																																							
REGION: 4		Fatality: 0		Serious Injury: 0																																																																			
EXCELS LEVEL: 1		NURSERY SCHOOL: ☐ Y ☒ N		HEAD START PROGRAM: ☐ Y ☒ N																																																																			
ACCREDITED: ☐ Y ☒ N		ACCREDITED BY:		EXP DATE:																																																																			
WORKERS COMPENSATION INSURANCE COVERAGE: ☒ Y ☐ N				EXP DATE:																																																																			
OPERATOR NAME: Melford Care, LLC / Patel, Dhruti / Patel, Krutiben																																																																							
FACILITY NAME: Celebree of Melford																																																																							
ADDRESS: 5061 Howerton Way Bowie MD 20715																																																																							
PERSON(S) INTERVIEWED: Nichole Eville																																																																							
TITLE(S): Director																																																																							
TELEPHONE: (301) 685-3945		E-MAIL: sdmelford@celebreeschool.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

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

PART 2 – GENERAL COMPLIANCE REVIEW

- 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

CHAPTER 02 LICENSE APPLICATION & MAINTENANCE

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

CHAPTER 03 MANAGEMENT & ADMINISTRATION

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

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

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

- 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

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

D
 _____.01 Prohibition of Abuse, Neglect, Injurious Treatment

X
 _____.03 Child Discipline

X
 _____.04 Parental Access

X
 _____.05 Authorized Release

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

- 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

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

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

- 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

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

C .02 Inspections

X .06 Emergency Suspension



Signature of Facility Representative



Signature of Agency Representative

Jessica Jacobs

10/09/2025

Date