

CHILD CARE CENTER INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 10/28/2019 1:40 PM		<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> </table>		INSPECTION TYPE		☐	Initial Application	☐	Conversion	☒	Mandatory Review	☐	Full	☐	Complaint Investigation	☐	Monitoring	☐	Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="4">Approved Capacity <u>41</u></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>6</td><td>3</td></tr> <tr><td>18 mos. – 23 mos.</td><td>☒ Y ☐ N</td><td>6</td><td>6</td></tr> <tr><td>2's</td><td>☒ Y ☐ N</td><td>8</td><td>8</td></tr> <tr><td>3's</td><td>☒ Y ☐ N</td><td>6</td><td>6</td></tr> <tr><td>4's</td><td>☒ Y ☐ N</td><td>9</td><td>10</td></tr> <tr><td>5's (pre-school)</td><td>☒ Y ☐ N</td><td>1</td><td>5</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>36</td><td>38</td></tr> <tr><td>Overnight</td><td>☐ Y ☐ N</td><td>0</td><td>0</td></tr> <tr><td>Head Start</td><td>XXXXXXXX</td><td>0</td><td>XXXXXX</td></tr> </table>		Approved Capacity <u>41</u>				AGES	Licensed for	# Enrolled	# Present	6 wks. – 17mos.	☒ Y ☐ N	6	3	18 mos. – 23 mos.	☒ Y ☐ N	6	6	2's	☒ Y ☐ N	8	8	3's	☒ Y ☐ N	6	6	4's	☒ Y ☐ N	9	10	5's (pre-school)	☒ Y ☐ N	1	5	5-15 (school-age)	☒ Y ☐ N	0	0	TOTAL		36	38	Overnight	☐ Y ☐ N	0	0	Head Start	XXXXXXXX	0	XXXXXX
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PROVIDER ID: 194607		COMPLAINT #:		HEAD START PROGRAM: ☐ Y ☒ N																																																																	
LICENSE #: 154210																																																																					
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REGION: 5																																																																					
EXCELS LEVEL: 4		ACCREDITED BY:		EXP DATE: 10/03/2018																																																																	
ACCREDITED: ☐ Y ☒ N																																																																					
WORKERS COMPENSATION INSURANCE COVERAGE: ☒ Y ☐ N																																																																					
OPERATOR NAME: Obaidy, Mohamad																																																																					
FACILITY NAME: Nanda Child Care Center																																																																					
ADDRESS: 14910 Broschart Rd Rockville MD 20850																																																																					
PERSON(S) INTERVIEWED: Jyoti Hemnani and Maria Rios																																																																					
TITLE(S): Administrative Assistant and Child Care Teacher																																																																					
TELEPHONE: (301) 838-9494		E-MAIL: info@nandalearningcenter.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>C</u>	.07.06	Child Security
<u>N</u>	.03.05B	Staffing Pattern Posted	<u>C</u>	.08.01A	Child Supervision
<u>N</u>	.03.06A	Notifications	<u>C</u>	.08.02B	Qualified Staff in Charge of Groups
<u>C</u>	.04.01	Capacity	<u>C</u>	.08.03	Group Size and Staffing
<u>C</u>	.05.01A	Building Safety	<u>C</u>	.08.07	Playground Supervision
<u>C</u>	.05.08B	Sanitary Facilities and Supplies	<u>C</u>	.08.08	Rest Time Supervision
<u>C</u>	.05.11	General Cleanliness	<u>C</u>	.09.04F	No Soft Bedding with Cribs
<u>C</u>	.05.12	Outdoor Activity Area	<u>C</u>	.10.01A(4)	Emergency Escape Route Posted
<u>N</u>	.06.05C	Director – Continued Training	<u>C</u>	.10.01C	Emergency Contact Information
<u>N</u>	.06.09B	Preschool Teacher – Continued Training	<u>C</u>	.10.03	Safe Use of Materials and Equipment
<u>C</u>	.06.10C	School-age Teacher – Continued Training	<u>C</u>	.10.04	Potentially Hazardous Items
<u>C</u>	.06.11C	Asst. Teacher – Continued Training	<u>C</u>	.10.05	Rest Time Safety
<u>C</u>	.06.12A(3)-(4)	Aides – Continued Training	<u>C</u>	.12.04A	Food Safety
<u>C</u>	.07.02	Abuse and Neglect Reporting			

PART 2 – GENERAL COMPLIANCE REVIEW

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under this Part 2.

CHAPTER 02 LICENSE APPLICATION & MAINTENANCE

<u>N</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>X</u>	.06	Notifications [exc. A]
<u>X</u>	.07	Change of operation

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under this Part 2.

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. B]

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

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

X .12 Aides [exc. A(3)-(4)]

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

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under this Part 2.

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: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under this Part 2.

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
____.06 Personnel Qualifications

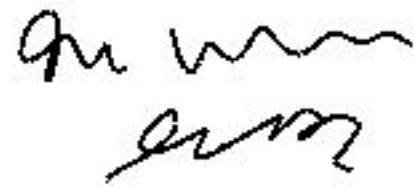
X
____.07 Educational Program

X
____.08 Child Record

X
____.09 Health, Fire Safety, Zoning

CHAPTER 17 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X
____.02 Inspections



Signature of Facility Representative



Signature of Agency Representative

10/28/2019

Date