LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
4/15/2021 3:30 PM

PROVIDER ID:
13083

LICENSE #:
33520

JURISDICTION:
MONTGOMERY

REGION:
5

COMPLAINT #:

EXCELS LEVEL:

NURSERY SCHOOL: ☐ Y ● N

FATALITY:
0

SERIOUS INJURY:
0

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

✔ Follow Up

Approved Capacity: 104

AGES	Approved for	# Enrolled	# Present
2's	● Y N	1	0
3's	● Y N	4	0
4's	● Y N	2	0
5's (pre-school)	● Y N	8	0
5-15 (school-age)	● Y N	0	0
TOTAL		15	0
Head Start	XXXXXXX	0	XXXXXX

ACCREDITED: ● Y ☐ N

ACCREDITED BY:
Association of Independent Maryland & DC Schools

EXP DATE:
5/30/2022

WORKERS COMPENSATION INSURANCE COVERAGE: ● Y ☐ N

EXP DATE:
1/18/2022

OPERATOR NAME:
Christ Episcopal School

FACILITY NAME:
Christ Episcopal School Preschool and Extended Day

ADDRESS:
109 S Washington St Rockville MD 20850

PERSON(S) INTERVIEWED:
Mary Morella

TITLE(S):
Director

TELEPHONE:
(301) 424-6550

E-MAIL:
mmorella@cesrockville.org ◔ 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 ____ **.03.06A** Notifications

C ____ **.04.01B** Capacity

C ____ **.05.01A** Building Safety

C ____ **.05.08A** Appropriate Facilities and Supplies

C ____ **.05.11** General Cleanliness and Disposal of Refuse

C ____ **.05.12** Outdoor Activity Area

C ____ **.07.02** Abuse and Neglect Reporting

C ____ **.07.06** Child Security

C ____ **.08.01A** Appropriate Supervision

C ____ **.08.03** Group Size and Staffing

C ____ **.08.07** Playground Supervision

C ____ **.10.01A(4)** Emergency Escape Route Posted

C ____ **.10.01C** Emergency Contact Posted

C ____ **.10.03** Safe Use of Materials and Equipment

C ____ **.10.04** Potentially Hazardous Items

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.

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

CHAPTER 02 APPLICATION AND MAINTENANCE

C ____ **.03C** Maintenance of a Continuing Letter of Compliance

CHAPTER 03 MANAGEMENT AND ADMINISTRATION

C ____ **.01** Multi-Site Facilities

C ____ **.02** Admission to Care

C ____ **.03** Program Records

N ____ **.04** Child Records

C ____ **.05** Staff Records

C ____ **.06** Notifications **[exc. A]**

C ____ **.07** Change of Operation

C ____ **.08** Variances

C ____ **.09** Advertisement

CHAPTER 04 OPERATIONAL REQUIREMENTS

C ____ **.02** Enrollment and Attendant

CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT

C ____ **.01** Building Safety **[exc. A]**

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 05 PHYSICAL PLANT AND EQUIPMENT, CON'T

C ____ **.02** Accessibility
C ____ **.03** Indoor Space
C ____ **.04** Building Repair and Maintenance
C ____ **.05** Lead-Safe Environment
C ____ **.06** Ventilation and Temperature
C ____ **.07** Water Supply
C ____ **.08** Sanitary Facilities **[exc. A]**
C ____ **.09** Lighting
C ____ **.10** Telephone and Communication
C ____ **.13** Swimming Facilities

CHAPTER 06 STAFF REQUIREMENTS

C ____ **.01** Minimum Staff Age
C ____ **.02** Staff Orientation
C ____ **.03** Suitability for Employment
C ____ **.04** Staff Health
C ____ **.05** Substitutes
C ____ **.06** Support Personnel
C ____ **.07** Volunteers

CHAPTER 07 CHILD PROTECTION

C ____ **.01** Prohibition of Abuse, Neglect, Injurious Treatment
C ____ **.03** Child Discipline
C ____ **.04** Parental Access
C ____ **.05** Authorized Release

CHAPTER 08 CHILD SUPERVISION

C ____ **.01** Individualized Attention and Care **[exc. A]**
C ____ **.02** Staff Available for Emergencies
C ____ **.04** Variations in Group Size
C ____ **.05** Supervision during Water Activities
C ____ **.06** Supervision during Transportation
C ____ **.08** Rest Time Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

C ____ **.01** Materials and Equipment
C ____ **.02** Rest Furnishings
C ____ **.03** Storage

CHAPTER 10 SAFETY

C ____ **.01** Emergency Safety Requirements **[exc. A(4), C]**
N ____ **.02** First Aid and CPR
C ____ **.05** Transportation

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 11 HEALTH

C ____.01 Exclusion for Acute Illness

C ____.02 Infectious and Communicable Diseases

C ____.03 Preventing Spread of Disease

C ____.04 Medication Administration and Storage

C ____.05 Smoking

C ____.06 Alcohol and Drugs

CHAPTER 12 NUTRITION

C ____.01 Food Service

C ____.02 Modified Diet

C ____.03 Food Sources

C ____.04 Food Storage and Preparation **[exc. A]**

CHAPTER 12 NUTRITION, CON'T

C ____.05 Food Preparation Area and Equipment

CHAPTER 13 ADOLESCENT FACILITIES

NA ____.01 Approved Plan

CHAPTER 14 EDUCATIONAL PROGRAM

C ____.04 Change of Operation

C ____.06 Personnel Qualifications

C ____.07 Educational Program

C ____.08 Child Records

C ____.09 Health, Fire Safety, Zoning

CHAPTER 15 INSPECTIONS, COMPLAINTS AND ENFORCEMENTS

C ____.02 Inspections

C ____.06 Emergency Suspension

Signature in file

Signature of Provider

Signature of Agency Representative

Khalilah Samuel

4/15/2021

Date