

CHILD CARE CENTER INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 11/21/2019 4:05 PM		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr> <td style="width: 20px;"></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 style="text-align: center;">✓</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>113</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>11</td> <td>7</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>12</td> <td>12</td> </tr> <tr> <td>3's</td> <td>☒ Y ☐ N</td> <td>15</td> <td>14</td> </tr> <tr> <td>4's</td> <td>☒ Y ☐ N</td> <td>15</td> <td>11</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>10</td> <td>10</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>69</td> <td>60</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>113</u>				AGES	Licensed for	# Enrolled	# Present	6 wks. – 17mos.	☒ Y ☐ N	11	7	18 mos. – 23 mos.	☒ Y ☐ N	6	6	2's	☒ Y ☐ N	12	12	3's	☒ Y ☐ N	15	14	4's	☒ Y ☐ N	15	11	5's (pre-school)	☒ Y ☐ N	0	0	5-15 (school-age)	☒ Y ☐ N	10	10	TOTAL		69	60	Overnight	☐ Y ☐ N	0	0	Head Start	XXXXXXXX	0	XXXXXX
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WORKERS COMPENSATION INSURANCE COVERAGE: ☒ Y ☐ N				EXP DATE: 11/21/2020																																																																	
OPERATOR NAME: Optimal Learning Systems, LLC																																																																					
FACILITY NAME: One World Learning Center																																																																					
ADDRESS: 3200 Briggs Chaney Rd Silver Spring MD 20904																																																																					
PERSON(S) INTERVIEWED: Irma Siddique																																																																					
TITLE(S): Teacher																																																																					
TELEPHONE: (301) 890-1412		E-MAIL: 1worldlearningcenter@gmail.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>X</u> .02.01E	License Conspicuously Displayed	<u>X</u> .07.06	Child Security
<u>X</u> .03.05B	Staffing Pattern Posted	<u>X</u> .08.01A	Child Supervision
<u>X</u> .03.06A	Notifications	<u>X</u> .08.02B	Qualified Staff in Charge of Groups
<u>X</u> .04.01	Capacity	<u>X</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> .06.09B	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> .06.12A(3)-(4)	Aides – Continued Training	<u>X</u> .12.04A	Food Safety
<u>X</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>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>X</u> .06	Notifications [exc. A]
<u>N</u> .07	Change of operation

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T
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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

N .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

- D** ____ .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
D ____ .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

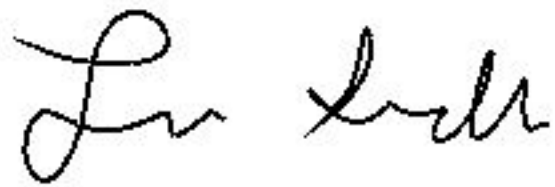
X
____.07 Educational Program

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

11/21/2019

Date