

LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 10/28/2022 11:00 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: 176</th> </tr> <tr> <th>AGES</th> <th>Approved for</th> <th># Enrolled</th> <th># Present</th> </tr> <tr> <td>2's</td> <td>☒ Y ☐ N</td> <td>19</td> <td>10</td> </tr> <tr> <td>3's</td> <td>☒ Y ☐ N</td> <td>36</td> <td>31</td> </tr> <tr> <td>4's</td> <td>☒ Y ☐ N</td> <td>39</td> <td>39</td> </tr> <tr> <td>5's (pre-school)</td> <td>☒ Y ☐ N</td> <td>7</td> <td>7</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>101</td> <td>87</td> </tr> <tr> <td>Head Start</td> <td>XXXXXXX</td> <td>0</td> <td>XXXXXX</td> </tr> </table>		Approved Capacity: 176				AGES	Approved for	# Enrolled	# Present	2's	☒ Y ☐ N	19	10	3's	☒ Y ☐ N	36	31	4's	☒ Y ☐ N	39	39	5's (pre-school)	☒ Y ☐ N	7	7	5-15 (school-age)	☒ Y ☐ N	0	0	TOTAL		101	87	Head Start	XXXXXXX	0	XXXXXX
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ACCREDITED: ☐ Y ☒ N		ACCREDITED BY:																																																									
WORKERS COMPENSATION INSURANCE COVERAGE: ☒ Y ☐ N		EXP DATE: 7/01/2023																																																									
OPERATOR NAME: Melvin J. Berman Hebrew Academy																																																											
FACILITY NAME: Melvin J. Berman Hebrew Academy																																																											
ADDRESS: 13300 Arctic Ave Rockville MD 20853																																																											
PERSON(S) INTERVIEWED: Rebecca Gautieri																																																											
TITLE(S): Director																																																											
TELEPHONE: (301) 962-9400		E-MAIL: GAUTIERIR@mjbha.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

<u>C</u>	.03.06A	Notifications
<u>C</u>	.04.01B	Capacity
<u>C</u>	.05.01A	Building Safety
<u>C</u>	.05.08A	Appropriate Facilities and Supplies
<u>C</u>	.05.11	General Cleanliness and Disposal of Refuse
<u>C</u>	.05.12	Outdoor Activity Area
<u>D</u>	.07.02	Abuse and Neglect Reporting
<u>C</u>	.07.06	Child Security

<u>C</u>	.08.01A	Appropriate Supervision
<u>C</u>	.08.03	Group Size and Staffing
<u>C</u>	.08.07	Playground Supervision
<u>C</u>	.10.01A(4)	Emergency Escape Route Posted
<u>C</u>	.10.01C	Emergency Contact Posted
<u>C</u>	.10.03	Safe Use of Materials and Equipment
<u>C</u>	.10.04	Potentially Hazardous Items
<u>C</u>	.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.

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CHAPTER 02 APPLICATION AND MAINTENANCE

<u>C</u>	.03C	Maintenance of a Continuing Letter of Compliance
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CHAPTER 03 MANAGEMENT AND ADMINISTRATION

<u>C</u>	.01	Multi-Site Facilities
<u>C</u>	.02	Admission to Care
<u>C</u>	.03	Program Records
<u>N</u>	.04	Child Records
<u>C</u>	.05	Staff Records

<u>C</u>	.06	Notifications [exc. A]
<u>C</u>	.07	Change of Operation
<u>C</u>	.08	Variances
<u>C</u>	.09	Advertisement

CHAPTER 04 OPERATIONAL REQUIREMENTS

<u>C</u>	.02	Enrollment and Attendant
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CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT

<u>C</u>	.01	Building Safety [exc. A]
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CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT, CON'T

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

CHAPTER 06 STAFF REQUIREMENTS

<u>C</u>	.01	Minimum Staff Age
<u>C</u>	.02	Staff Orientation
<u>D</u>	.03	Suitability for Employment
<u>N</u>	.04	Staff Health
<u>C</u>	.05	Substitutes
<u>C</u>	.06	Support Personnel
<u>C</u>	.07	Volunteers

CHAPTER 07 CHILD PROTECTION

<u>C</u>	.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>C</u>	.03	Child Discipline
<u>C</u>	.04	Parental Access
<u>C</u>	.05	Authorized Release

CHAPTER 08 CHILD SUPERVISION

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

CHAPTER 09 PROGRAM REQUIREMENTS

<u>C</u>	.01	Materials and Equipment
<u>C</u>	.02	Rest Furnishings
<u>C</u>	.03	Storage

CHAPTER 10 SAFETY

<u>C</u>	.01	Emergency Safety Requirements [exc. A(4), C]
<u>C</u>	.02	First Aid and CPR
<u>C</u>	.05	Transportation

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CHAPTER 11 HEALTH

- C .01 Exclusion for Acute Illness
C .02 Infectious and Communicable Diseases
C .03 Preventing Spread of Disease
N .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

- C .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 of Provider



Signature of Agency Representative

Lytia Williams

10/28/2022

Date

