LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
10/15/2021 10:36 AM

PROVIDER ID:
365627

LICENSE #:
250896

JURISDICTION:

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

☐ Follow Up

Approved Capacity: 56

AGES	Approved for	# Enrolled	# Present
2's	● Y N	6	4
3's	● Y N	7	3
4's	● Y N	12	8
5's (pre-school)	● Y N	0	0
5-15 (school-age)	● Y N	0	0
TOTAL		25	15
Head Start	XXXXXX	0	XXXXXX

REGION:
4

COMPLAINT #:
15033380

EXCELS LEVEL:

NURSERY SCHOOL: ☐ Y ● N

FATALITY:
0

SERIOUS INJURY:
0

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

WORKERS COMPENSATION INSURANCE COVERAGE: ☐ Y ☐ N

EXP DATE:

OPERATOR NAME:
Cheverly United Methodist Church

FACILITY NAME:
Cheverly Weekday Nursery

ADDRESS:
2801 Cheverly Avenue Cheverly MD 20785

PERSON(S) INTERVIEWED:
Delphine Kelly

TITLE(S):
Director

TELEPHONE:
(301) 773-2297

E-MAIL:
dkelly.dkelly@yahoo.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

N	.03.06A	Notifications
X	.04.01B	Capacity
X	.05.01A	Building Safety
X	.05.08A	Appropriate Facilities and Supplies
X	.05.11	General Cleanliness and Disposal of Refuse
X	.05.12	Outdoor Activity Area
X	.07.02	Abuse and Neglect Reporting
D	.07.06	Child Security
N	.08.01A	Appropriate Supervision
D	.08.03	Group Size and Staffing
X	.08.07	Playground Supervision
X	.10.01A(4)	Emergency Escape Route Posted
X	.10.01C	Emergency Contact Posted
X	.10.03	Safe Use of Materials and Equipment
X	.10.04	Potentially Hazardous Items
X	.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

X	.03C	Maintenance of a Continuing Letter of Compliance

CHAPTER 03 MANAGEMENT AND ADMINISTRATION

X	.01	Multi-Site Facilities
X	.02	Admission to Care
X	.03	Program Records
X	.04	Child Records
X	.05	Staff Records
X	.06	Notifications **[exc. A]**
X	.07	Change of Operation
X	.08	Variances
X	.09	Advertisement

CHAPTER 04 OPERATIONAL REQUIREMENTS

X	.02	Enrollment and Attendant

CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT

X	.01	Building Safety **[exc. A]**

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CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT, CON'T

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 **[exc. A]**
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 Substitutes
X ____.06 Support Personnel
X ____.07 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

CHAPTER 08 CHILD SUPERVISION

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

CHAPTER 09 PROGRAM REQUIREMENTS

X ____.01 Materials and Equipment
X ____.02 Rest Furnishings
X ____.03 Storage

CHAPTER 10 SAFETY

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

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CHAPTER 11 HEALTH

X ___.01 Exclusion for Acute Illness

X ___.02 Infectious and Communicable Diseases

X ___.03 Preventing Spread of Disease

X ___.04 Medication Administration and 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]**

CHAPTER 12 NUTRITION, CON'T

X ___.05 Food Preparation Area and Equipment

CHAPTER 13 ADOLESCENT FACILITIES

X ___.01 Approved Plan

CHAPTER 14 EDUCATIONAL PROGRAM

X ___.04 Change of Operation

X ___.06 Personnel Qualifications

X ___.07 Educational Program

X ___.08 Child Records

X ___.09 Health, Fire Safety, Zoning

CHAPTER 15 INSPECTIONS, COMPLAINTS AND ENFORCEMENTS

X ___.02 Inspections

X ___.06 Emergency Suspension

Signature of Provider

Signature of Agency Representative

Viola Epps

10/15/2021

Date