

LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 12/3/2021 9:37 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="5">Approved Capacity: 50</th> </tr> <tr> <th>AGES</th> <th>Approved for</th> <th># Enrolled</th> <th colspan="2"># Present</th> </tr> <tr> <td>2's</td> <td>☒ Y ☐ N</td> <td>7</td> <td colspan="2">6</td> </tr> <tr> <td>3's</td> <td>☒ Y ☐ N</td> <td>4</td> <td colspan="2">4</td> </tr> <tr> <td>4's</td> <td>☒ Y ☐ N</td> <td>4</td> <td colspan="2">3</td> </tr> <tr> <td>5's (pre-school)</td> <td>☒ Y ☐ N</td> <td>0</td> <td colspan="2">0</td> </tr> <tr> <td>5-15 (school-age)</td> <td>☒ Y ☐ N</td> <td>3</td> <td colspan="2">0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>18</td> <td colspan="2">13</td> </tr> <tr> <td>Head Start</td> <td>XXXXXXX</td> <td>0</td> <td colspan="2">XXXXXX</td> </tr> </table>		Approved Capacity: 50					AGES	Approved for	# Enrolled	# Present		2's	☒ Y ☐ N	7	6		3's	☒ Y ☐ N	4	4		4's	☒ Y ☐ N	4	3		5's (pre-school)	☒ Y ☐ N	0	0		5-15 (school-age)	☒ Y ☐ N	3	0		TOTAL		18	13		Head Start	XXXXXXX	0	XXXXXX	
INSPECTION TYPE																																																																				
☐	Initial Application																																																																			
☐	Conversion																																																																			
☐	Mandatory Review																																																																			
☐	Full																																																																			
☒	Complaint Investigation																																																																			
☐	Monitoring																																																																			
☐	Other																																																																			
☐	Follow Up																																																																			
Approved Capacity: 50																																																																				
AGES	Approved for	# Enrolled	# Present																																																																	
2's	☒ Y ☐ N	7	6																																																																	
3's	☒ Y ☐ N	4	4																																																																	
4's	☒ Y ☐ N	4	3																																																																	
5's (pre-school)	☒ Y ☐ N	0	0																																																																	
5-15 (school-age)	☒ Y ☐ N	3	0																																																																	
TOTAL		18	13																																																																	
Head Start	XXXXXXX	0	XXXXXX																																																																	
PROVIDER ID: 427134		COMPLAINT #: 15033638		FATALITY: 0		SERIOUS INJURY: 0																																																														
LICENSE #: 255327																																																																				
JURISDICTION:		NURSERY SCHOOL: ☐ Y ☒ N																																																																		
REGION: 12		EXCELS LEVEL: 1		ACCREDITED BY:		EXP DATE:																																																														
				ACCREDITED: ☐ Y ☒ N		EXP DATE: 10/01/2021																																																														
		WORKERS COMPENSATION INSURANCE COVERAGE: ☒ Y ☐ N																																																																		
OPERATOR NAME: The Centennial Memorial United Methodist Church																																																																				
FACILITY NAME: Centennial Memorial United Methodist Church																																																																				
ADDRESS: 8 W 2nd St. Frederick MD 21701																																																																				
PERSON(S) INTERVIEWED: Pam Wars																																																																				
TITLE(S): Director																																																																				
TELEPHONE: (240) 674-2511				E-MAIL: sweetblessings418@comcast.net ☒ 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> .03.06A	Notifications	<u>N</u> .08.01A	Appropriate Supervision
<u>X</u> .04.01B	Capacity	<u>N</u> .08.03	Group Size and Staffing
<u>X</u> .05.01A	Building Safety	<u>X</u> .08.07	Playground Supervision
<u>X</u> .05.08A	Appropriate Facilities and Supplies	<u>X</u> .10.01A(4)	Emergency Escape Route Posted
<u>X</u> .05.11	General Cleanliness and Disposal of Refuse	<u>X</u> .10.01C	Emergency Contact Posted
<u>X</u> .05.12	Outdoor Activity Area	<u>X</u> .10.03	Safe Use of Materials and Equipment
<u>X</u> .07.02	Abuse and Neglect Reporting	<u>X</u> .10.04	Potentially Hazardous Items
<u>N</u> .07.06	Child Security	<u>X</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.

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

CHAPTER 02 APPLICATION AND MAINTENANCE		<u>X</u> .06	Notifications [exc. A]
<u>X</u> .03C	Maintenance of a Continuing Letter of Compliance	<u>X</u> .07	Change of Operation
CHAPTER 03 MANAGEMENT AND ADMINISTRATION		<u>X</u> .08	Variances
<u>X</u> .01	Multi-Site Facilities	<u>X</u> .09	Advertisement
<u>X</u> .02	Admission to Care	CHAPTER 04 OPERATIONAL REQUIREMENTS	
<u>N</u> .03	Program Records	<u>X</u> .02	Enrollment and Attendant
<u>X</u> .04	Child Records	CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT	
<u>X</u> .05	Staff Records	<u>X</u> .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

- 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. 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

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

- 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

Lisa Glorioso

12/03/2021

Date

