LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
4/7/2022 9:00 AM

PROVIDER ID:
414226

LICENSE #:
254180

JURISDICTION:

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

☐ Follow Up

Approved Capacity: 36

AGES	Approved for	# Enrolled	# Present
2's	● Y N	0	0
3's	● Y N	18	18
4's	● Y N	14	14
5's (pre-school)	● Y N	5	5
5-15 (school-age)	Y ● N	0	0
TOTAL		37	37
Head Start	XXXXXX	0	XXXXXX

REGION:
5

COMPLAINT #:

EXCELS LEVEL:
1

NURSERY SCHOOL: ☐ Y ● N

FATALITY:
0

SERIOUS INJURY:
0

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

WORKERS COMPENSATION INSURANCE COVERAGE: ● Y ☐ N

EXP DATE:
2/01/2023

OPERATOR NAME:
Chabad of Silver Spring

FACILITY NAME:
The Gan

ADDRESS:
519 Lamberton Drive Silver Spring MD 20902

PERSON(S) INTERVIEWED:
Chaya Wolvovsky

TITLE(S):
Director

TELEPHONE:
(301) 593-1117

E-MAIL:
theganmontessori@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

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

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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
N ____ .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
NA ____ .05 Supervision during Water Activities
NA ____ .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]**
C ____ .02 First Aid and CPR
C ____ .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

NA ____.01 Approved Plan

CHAPTER 14 EDUCATIONAL PROGRAM

NA ____.04 Change of Operation

NA ____.06 Personnel Qualifications

NA ____.07 Educational Program

NA ____.08 Child Records

NA ____.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	Date
	Geimma Diaz-Fuentes	4/27/2022