LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
9/7/2023 9:41 AM

PROVIDER ID:
100040

LICENSE #:
127967

JURISDICTION:

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

☐ Follow Up

Approved Capacity:_____

AGES	Approved for	# Enrolled	# Present
2's	● Y N	0	0
3's	● Y N	5	5
4's	● Y N	5	5
5's (pre-school)	● Y N	0	0
5-15 (school-age)	Y ● N	0	0
TOTAL		10	10
Head Start	XXXXXX	0	XXXXXX

REGION:
12

COMPLAINT #:

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:
9/07/2022

OPERATOR NAME:
Unitarian Universalist Congregation of Frederick

FACILITY NAME:
Unitarian Universalist Congregation of Frederick

ADDRESS:
4880 Elmer Derr Road Frederick MD 21703

PERSON(S) INTERVIEWED:
Sarah Dimiceli

TITLE(S):
Director

TELEPHONE:
(301) 473-7680

E-MAIL:
circleoflife@frederickuu.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

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

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CHAPTER 02 APPLICATION AND MAINTENANCE

N ____	**.03C**	Maintenance of a Continuing Letter of Compliance

CHAPTER 03 MANAGEMENT AND ADMINISTRATION

NA ____	**.01**	Multi-Site Facilities
C ____	**.02**	Admission to Care
C ____	**.03**	Program Records
C ____	**.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]**

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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
NA ____ .13 Swimming Facilities

CHAPTER 06 STAFF REQUIREMENTS

C ____ .01 Minimum Staff Age
C ____ .02 Staff Orientation
D ____ .03 Suitability for Employment
D ____ .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
NA ____ .08 Rest Time Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

C ____ .01 Materials and Equipment
NA ____ .02 Rest Furnishings
C ____ .03 Storage

CHAPTER 10 SAFETY

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

C ____.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

Jennifer Thompson

9/07/2023

Date