# LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
11/12/2025 1:00 PM

PROVIDER ID:
13107

LICENSE #:
122462

JURISDICTION:

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

☐ Follow Up

**Approved Capacity:** 92

| AGES | Approved for | # Enrolled | # Present |
|---|---|---|---|
| 2's | ● Y N | 8 | 6 |
| 3's | ● Y N | 15 | 12 |
| 4's | ● Y N | 7 | 7 |
| 5's (pre-school) | ● Y N | 6 | 6 |
| 5-15 (school-age) | ● Y N | 8 | 0 |
| **TOTAL** | | 44 | 31 |
| Head Start | XXXXXX | | XXXXXX |

REGION:
4

COMPLAINT #:
15043095

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:

OPERATOR NAME:
THE TABERNACLE CHURCH

FACILITY NAME:
The Tabernacle Learning Center

ADDRESS:
11601 South Laurel Drive Laurel MD 20708

PERSON(S) INTERVIEWED:
Wynette Allbritton

TITLE(S):
Director

TELEPHONE:
(301) 490-5665

E-MAIL:
nyjudah@hotmail.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**

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

N **.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**

D ____.01 Prohibition of Abuse, Neglect, Injurious Treatment
N ____.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**

C ____.02 Inspections

X ____.06 Emergency Suspension

Signature of Provider

Signature of Agency Representative

Jessica Jacobs

11/12/2025

Date