LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
11/23/2020 1:30 PM

PROVIDER ID:
856

LICENSE #:
53524

JURISDICTION:

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

☐ Follow Up

Approved Capacity: 121

AGES	Approved for	# Enrolled	# Present
2's	Y ● N	0	0
3's	● Y N	4	4
4's	● Y N	12	9
5's (pre-school)	● Y N	6	6
5-15 (school-age)	● Y N	94	0
TOTAL		116	19
Head Start	XXXXXX	0	XXXXXX

REGION:
6

COMPLAINT #:

EXCELS LEVEL:
3

NURSERY SCHOOL: ☐ Y ● N

FATALITY:
0

SERIOUS INJURY:
0

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

WORKERS COMPENSATION INSURANCE COVERAGE: ● Y ☐ N

EXP DATE:
7/01/2021

OPERATOR NAME:
St. Augustine School

FACILITY NAME:
St. Augustine

ADDRESS:
5990 Old Washington Rd Elkridge MD 21075

PERSON(S) INTERVIEWED:
Lisa Toles Felton

TITLE(S):
Director

TELEPHONE:
(410) 796-6436

E-MAIL:
lfelton@staug-md.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.

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

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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INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

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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

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

CHAPTER 12 NUTRITION, CON'T

X .04 Food Storage and Preparation **[exc. A]**

X .05 Food Preparation Area and Equipment

CHAPTER 13 ADOLESCENT FACILITIES

X .01 Approved Plan

CHAPTER 14 EDUCATIONAL PROGRAM

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

Signature of Provider

Signature of Agency Representative

Sara Moran

11/23/2020

Date