

LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 3/17/2022 9:40 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="4">Approved Capacity: 75</th> </tr> <tr> <th>AGES</th> <th>Approved for</th> <th># Enrolled</th> <th># Present</th> </tr> <tr> <td>2's</td> <td>☒ Y ☐ N</td> <td>9</td> <td>8</td> </tr> <tr> <td>3's</td> <td>☒ Y ☐ N</td> <td>33</td> <td>9</td> </tr> <tr> <td>4's</td> <td>☒ Y ☐ N</td> <td>25</td> <td>14</td> </tr> <tr> <td>5's (pre-school)</td> <td>☒ Y ☐ N</td> <td>9</td> <td>0</td> </tr> <tr> <td>5-15 (school-age)</td> <td>☐ Y ☒ N</td> <td>0</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>76</td> <td>31</td> </tr> <tr> <td>Head Start</td> <td>XXXXXXX</td> <td>0</td> <td>XXXXXX</td> </tr> </table>		Approved Capacity: 75				AGES	Approved for	# Enrolled	# Present	2's	☒ Y ☐ N	9	8	3's	☒ Y ☐ N	33	9	4's	☒ Y ☐ N	25	14	5's (pre-school)	☒ Y ☐ N	9	0	5-15 (school-age)	☐ Y ☒ N	0	0	TOTAL		76	31	Head Start	XXXXXXX	0	XXXXXX
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WORKERS COMPENSATION INSURANCE COVERAGE: ☒ Y ☐ N		EXP DATE: 12/31/2022																																																									
OPERATOR NAME:																																																											
FACILITY NAME: St Christopher's Pre-School																																																											
ADDRESS: 1861 Harbor Drive Chester MD 21619																																																											
PERSON(S) INTERVIEWED: Sandra Romanek																																																											
TITLE(S): Director																																																											
TELEPHONE: (410) 643-7186		E-MAIL: preschool@stchristopherski.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
D .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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CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT, CON'T

<u>X</u>	.02	Accessibility
<u>X</u>	.03	Indoor Space
<u>X</u>	.04	Building Repair and Maintenance
<u>X</u>	.05	Lead-Safe Environment
<u>X</u>	.06	Ventilation and Temperature
<u>X</u>	.07	Water Supply
<u>X</u>	.08	Sanitary Facilities and Supplies [exc. A]
<u>X</u>	.09	Lighting
<u>X</u>	.10	Telephone and Communication
<u>X</u>	.13	Swimming Facilities

CHAPTER 06 STAFF REQUIREMENTS

<u>X</u>	.01	Minimum Staff Age
<u>X</u>	.02	Staff Orientation
<u>X</u>	.03	Suitability for Employment
<u>X</u>	.04	Staff Health
<u>X</u>	.05	Substitutes
<u>X</u>	.06	Support Personnel
<u>X</u>	.07	Volunteers

CHAPTER 07 CHILD PROTECTION

<u>X</u>	.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>X</u>	.03	Child Discipline
<u>X</u>	.04	Parental Access
<u>X</u>	.05	Authorized Release

CHAPTER 08 CHILD SUPERVISION

<u>X</u>	.01	Individualized Attention and Care [exc. A]
<u>X</u>	.02	Staff Available for Emergencies
<u>X</u>	.04	Variations in Group Size
<u>X</u>	.05	Supervision during Water Activities
<u>X</u>	.06	Supervision during Transportation
<u>X</u>	.08	Rest Time Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

<u>X</u>	.01	Materials and Equipment
<u>X</u>	.02	Rest Furnishings
<u>X</u>	.03	Storage

CHAPTER 10 SAFETY

<u>X</u>	.01	Emergency Safety Requirements [exc. A(4), C]
<u>X</u>	.02	First Aid and CPR
<u>X</u>	.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

- X____.02 Inspections
- X____.06 Emergency Suspension



Signature of Provider



Signature of Agency Representative

Beth Hill

3/17/2022

Date

