

LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 2/28/2020 10:15 AM		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr> <td style="width: 30px;"></td> <td>Initial Application</td> </tr> <tr> <td></td> <td>Conversion</td> </tr> <tr> <td style="text-align: center;">✓</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 style="text-align: center;">☐</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: <u>178</u></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>0</td> <td>0</td> </tr> <tr> <td>3's</td> <td>● Y N</td> <td>17</td> <td>17</td> </tr> <tr> <td>4's</td> <td>● Y N</td> <td>26</td> <td>26</td> </tr> <tr> <td>5's (pre-school)</td> <td>● Y N</td> <td>16</td> <td>16</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>59</td> <td>59</td> </tr> <tr> <td>Head Start</td> <td>XXXXXXX</td> <td>0</td> <td>XXXXXX</td> </tr> </table>		Approved Capacity: <u>178</u>				AGES	Approved for	# Enrolled	# Present	2's	Y ● N	0	0	3's	● Y N	17	17	4's	● Y N	26	26	5's (pre-school)	● Y N	16	16	5-15 (school-age)	● Y N	0	0	TOTAL		59	59	Head Start	XXXXXXX	0	XXXXXX
INSPECTION TYPE																																																											
	Initial Application																																																										
	Conversion																																																										
✓	Mandatory Review																																																										
	Full																																																										
	Complaint Investigation																																																										
	Monitoring																																																										
	Other																																																										
☐	Follow Up																																																										
Approved Capacity: <u>178</u>																																																											
AGES	Approved for	# Enrolled	# Present																																																								
2's	Y ● N	0	0																																																								
3's	● Y N	17	17																																																								
4's	● Y N	26	26																																																								
5's (pre-school)	● Y N	16	16																																																								
5-15 (school-age)	● Y N	0	0																																																								
TOTAL		59	59																																																								
Head Start	XXXXXXX	0	XXXXXX																																																								
PROVIDER ID: 13068																																																											
LICENSE #: 33313																																																											
JURISDICTION:																																																											
REGION: 5		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: 7/07/2020																																																							
OPERATOR NAME:																																																											
FACILITY NAME: St. Andrew Apostle Day Care																																																											
ADDRESS: 11602 Kemp Mill Rd Silver Spring MD 20902																																																											
PERSON(S) INTERVIEWED: Kathy McCaw																																																											
TITLE(S): Director																																																											
TELEPHONE: (301) 649-3144		E-MAIL: kathymc224@yahoo.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

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
N .10.01A(4) Emergency Escape Route Posted
C .10.01C Emergency Contact Posted
C .10.03 Safe Use of Materials and Equipment
N .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

NA .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]

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 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 and Supplies [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

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 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

- N .01 Food Service
X .02 Modified Diet
X .03 Food Sources

CHAPTER 12 NUTRITION, CON'T

- N .04 Food Storage and Preparation [exc. A]
N .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

KJL

Signature of Provider

GCBZ
~~Geimma~~ DF

Signature of Agency Representative

Geimma Diaz-Fuentes

2/28/2020

Date

