

**LETTER OF COMPLIANCE INSPECTION REPORT**

| INSPECTION DATE/TIME/DURATION:<br><b>5/12/2023 8:30 AM</b>                                             |                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr> <td><input type="checkbox"/></td> <td>Initial Application</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Conversion</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Mandatory Review</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Full</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Complaint Investigation</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Monitoring</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Follow Up</td> </tr> </table> |                             | INSPECTION TYPE |  | <input type="checkbox"/> | Initial Application | <input type="checkbox"/> | Conversion | <input checked="" type="checkbox"/> | Mandatory Review | <input type="checkbox"/> | Full | <input type="checkbox"/> | Complaint Investigation | <input type="checkbox"/> | Monitoring | <input type="checkbox"/> | Other | <input type="checkbox"/> | Follow Up | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">Approved Capacity: <b>121</b></th> </tr> <tr> <th>AGES</th> <th>Approved for</th> <th># Enrolled</th> <th># Present</th> </tr> <tr> <td>2's</td> <td>Y <input checked="" type="radio"/> N</td> <td>0</td> <td>0</td> </tr> <tr> <td>3's</td> <td><input checked="" type="radio"/> Y N</td> <td>28</td> <td>22</td> </tr> <tr> <td>4's</td> <td><input checked="" type="radio"/> Y N</td> <td>10</td> <td>10</td> </tr> <tr> <td>5's (pre-school)</td> <td><input checked="" type="radio"/> Y N</td> <td>32</td> <td>4</td> </tr> <tr> <td>5-15 (school-age)</td> <td><input checked="" type="radio"/> Y N</td> <td>45</td> <td>0</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td>115</td> <td>36</td> </tr> <tr> <td>Head Start</td> <td>XXXXXXX</td> <td>0</td> <td>XXXXXX</td> </tr> </table> |  | Approved Capacity: <b>121</b> |  |  |  | AGES | Approved for | # Enrolled | # Present | 2's | Y <input checked="" type="radio"/> N | 0 | 0 | 3's | <input checked="" type="radio"/> Y N | 28 | 22 | 4's | <input checked="" type="radio"/> Y N | 10 | 10 | 5's (pre-school) | <input checked="" type="radio"/> Y N | 32 | 4 | 5-15 (school-age) | <input checked="" type="radio"/> Y N | 45 | 0 | <b>TOTAL</b> |  | 115 | 36 | Head Start | XXXXXXX | 0 | XXXXXX |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------|--|--------------------------|---------------------|--------------------------|------------|-------------------------------------|------------------|--------------------------|------|--------------------------|-------------------------|--------------------------|------------|--------------------------|-------|--------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|--|--|------|--------------|------------|-----------|-----|--------------------------------------|---|---|-----|--------------------------------------|----|----|-----|--------------------------------------|----|----|------------------|--------------------------------------|----|---|-------------------|--------------------------------------|----|---|--------------|--|-----|----|------------|---------|---|--------|
| INSPECTION TYPE                                                                                        |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| <input type="checkbox"/>                                                                               | Initial Application                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| <input type="checkbox"/>                                                                               | Conversion                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| <input checked="" type="checkbox"/>                                                                    | Mandatory Review                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| <input type="checkbox"/>                                                                               | Full                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| <input type="checkbox"/>                                                                               | Complaint Investigation              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| <input type="checkbox"/>                                                                               | Monitoring                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| <input type="checkbox"/>                                                                               | Other                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| <input type="checkbox"/>                                                                               | Follow Up                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| Approved Capacity: <b>121</b>                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| AGES                                                                                                   | Approved for                         | # Enrolled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | # Present                   |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| 2's                                                                                                    | Y <input checked="" type="radio"/> N | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0                           |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| 3's                                                                                                    | <input checked="" type="radio"/> Y N | 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 22                          |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| 4's                                                                                                    | <input checked="" type="radio"/> Y N | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10                          |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| 5's (pre-school)                                                                                       | <input checked="" type="radio"/> Y N | 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4                           |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| 5-15 (school-age)                                                                                      | <input checked="" type="radio"/> Y N | 45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0                           |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| <b>TOTAL</b>                                                                                           |                                      | 115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 36                          |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| Head Start                                                                                             | XXXXXXX                              | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | XXXXXX                      |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| PROVIDER ID:<br><b>13137</b>                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| LICENSE #:<br><b>59054</b>                                                                             |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| JURISDICTION:                                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| REGION:<br><b>2</b>                                                                                    |                                      | COMPLAINT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| EXCELS LEVEL:<br><b>1</b>                                                                              |                                      | NURSERY SCHOOL: <input type="checkbox"/> Y <input checked="" type="radio"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FATALITY:<br><b>0</b>       |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| ACCREDITED: <input type="checkbox"/> Y <input checked="" type="radio"/> N                              |                                      | ACCREDITED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SERIOUS INJURY:<br><b>0</b> |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| WORKERS COMPENSATION INSURANCE COVERAGE: <input checked="" type="radio"/> Y <input type="checkbox"/> N |                                      | EXP DATE:<br><b>6/30/2023</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| OPERATOR NAME:<br><b>Archdiocese of Baltimore</b>                                                      |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| FACILITY NAME:<br><b>Cardinal Shehan School CCC</b>                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| ADDRESS:<br><b>5407 Loch Raven Blvd</b> <b>Baltimore</b> <b>MD</b> <b>21239</b>                        |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| PERSON(S) INTERVIEWED:<br><b>Dr. Anika Logan</b>                                                       |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| TITLE(S):<br><b>Principle</b>                                                                          |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                 |  |                          |                     |                          |            |                                     |                  |                          |      |                          |                         |                          |            |                          |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                               |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |    |    |     |                                      |    |    |                  |                                      |    |   |                   |                                      |    |   |              |  |     |    |            |         |   |        |
| TELEPHONE:<br><b>(410) 433-2775</b>                                                                    |                                      | E-MAIL:<br><b>lplaza@cardinalshehanschool.org</b> <input checked="" type="radio"/> Verified <input type="radio"/> 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**

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

|                                                 |                                                  |                                                |                          |
|-------------------------------------------------|--------------------------------------------------|------------------------------------------------|--------------------------|
| <b>CHAPTER 02 APPLICATION AND MAINTENANCE</b>   |                                                  | <u>X</u> .06                                   | Notifications [exc. A]   |
| <u>X</u> .03C                                   | Maintenance of a Continuing Letter of Compliance | <u>X</u> .07                                   | Change of Operation      |
| <b>CHAPTER 03 MANAGEMENT AND ADMINISTRATION</b> |                                                  | <u>X</u> .08                                   | Variances                |
| <u>X</u> .01                                    | Multi-Site Facilities                            | <u>X</u> .09                                   | Advertisement            |
| <u>X</u> .02                                    | Admission to Care                                | <b>CHAPTER 04 OPERATIONAL REQUIREMENTS</b>     |                          |
| <u>X</u> .03                                    | Program Records                                  | <u>X</u> .02                                   | Enrollment and Attendant |
| <u>X</u> .04                                    | Child Records                                    | <b>CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT</b> |                          |
| <u>X</u> .05                                    | Staff Records                                    | <u>X</u> .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>N</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

Yasmeeen Jordan

5/12/2023

Date

