

LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 9/20/2022 11:45 AM		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr> <td style="width: 5%;"></td> <td>Initial Application</td> </tr> <tr> <td></td> <td>Conversion</td> </tr> <tr> <td></td> <td>Mandatory Review</td> </tr> <tr> <td style="text-align: center;">✓</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="5">Approved Capacity: _____</th> </tr> <tr> <th>AGES</th> <th>Approved for</th> <th># Enrolled</th> <th colspan="2"># Present</th> </tr> <tr> <td>2's</td> <td>● Y N</td> <td>0</td> <td colspan="2">0</td> </tr> <tr> <td>3's</td> <td>● Y N</td> <td>10</td> <td colspan="2">4</td> </tr> <tr> <td>4's</td> <td>● Y N</td> <td>13</td> <td colspan="2">12</td> </tr> <tr> <td>5's (pre-school)</td> <td>● Y N</td> <td>2</td> <td colspan="2">1</td> </tr> <tr> <td>5-15 (school-age)</td> <td>● Y N</td> <td>7</td> <td colspan="2">0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>32</td> <td colspan="2">17</td> </tr> <tr> <td>Head Start</td> <td>XXXXXXX</td> <td>0</td> <td colspan="2">XXXXXX</td> </tr> </table>				Approved Capacity: _____					AGES	Approved for	# Enrolled	# Present		2's	● Y N	0	0		3's	● Y N	10	4		4's	● Y N	13	12		5's (pre-school)	● Y N	2	1		5-15 (school-age)	● Y N	7	0		TOTAL		32	17		Head Start	XXXXXXX	0	XXXXXX	
INSPECTION TYPE																																																																						
	Initial Application																																																																					
	Conversion																																																																					
	Mandatory Review																																																																					
✓	Full																																																																					
	Complaint Investigation																																																																					
	Monitoring																																																																					
	Other																																																																					
☐	Follow Up																																																																					
Approved Capacity: _____																																																																						
AGES	Approved for	# Enrolled	# Present																																																																			
2's	● Y N	0	0																																																																			
3's	● Y N	10	4																																																																			
4's	● Y N	13	12																																																																			
5's (pre-school)	● Y N	2	1																																																																			
5-15 (school-age)	● Y N	7	0																																																																			
TOTAL		32	17																																																																			
Head Start	XXXXXXX	0	XXXXXX																																																																			
PROVIDER ID: 250961		COMPLAINT #:		FATALITY: 0		SERIOUS INJURY: 0																																																																
LICENSE #: 157181																																																																						
JURISDICTION:		NURSERY SCHOOL: ☒ Y ☐ N																																																																				
REGION: 7																																																																						
EXCELS LEVEL: 1																																																																						
ACCREDITED: ☐ Y ☒ N		ACCREDITED BY:		EXP DATE:																																																																		
WORKERS COMPENSATION INSURANCE COVERAGE: ☒ Y ☐ N				EXP DATE: 6/30/2023																																																																		
OPERATOR NAME:																																																																						
FACILITY NAME: Bishop Walsh School - Preschool and Day Care																																																																						
ADDRESS: 700 Bishop Walsh Road Cumberland MD 21502																																																																						
PERSON(S) INTERVIEWED: SHERRY VANMETER																																																																						
TITLE(S): DIRECTOR																																																																						
TELEPHONE: (301) 724-5360		E-MAIL: JFLINN@BISHOPWALSH.ORG ● Verified ○ N/A																																																																				

PART 1 - MANDATORY REVIEW ITEMS

INSTRUCTIONS: (1) Review each regulation that applies to the inspection being conducted.
 (2) The compliance status of an item listed under Part 2 may be recorded when deemed necessary.
 (3) Initial/Resumption/Conversion/Full Inspection - Complete both Part 1 and Part 2.

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

<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>C</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

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

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

CHAPTER 06 STAFF REQUIREMENTS

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

CHAPTER 07 CHILD PROTECTION

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

CHAPTER 08 CHILD SUPERVISION

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

CHAPTER 09 PROGRAM REQUIREMENTS

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

CHAPTER 10 SAFETY

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

- C .01 Exclusion for Acute Illness
C .02 Infectious and Communicable Diseases
C .03 Preventing Spread of Disease
C .04 Medication Administration and Storage
C .05 Smoking
C .06 Alcohol and Drugs

CHAPTER 12 NUTRITION

- C .01 Food Service
C .02 Modified Diet
C .03 Food Sources
C .04 Food Storage and Preparation [exc. A]

CHAPTER 12 NUTRITION, CON'T

- C .05 Food Preparation Area and Equipment

CHAPTER 13 ADOLESCENT FACILITIES

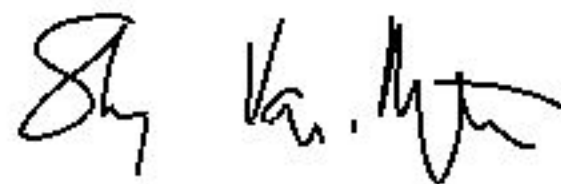
- NA .01 Approved Plan

CHAPTER 14 EDUCATIONAL PROGRAM

- C .04 Change of Operation
C .06 Personnel Qualifications
C .07 Educational Program
C .08 Child Records
C .09 Health, Fire Safety, Zoning

CHAPTER 15 INSPECTIONS, COMPLAINTS AND ENFORCEMENTS

- C .02 Inspections
NA .06 Emergency Suspension



Signature of Provider



Signature of Agency Representative

Ruth Lafferty

9/20/2022

Date

