

LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 5/12/2023 9:30 AM		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr> <td>☐</td> <td>Initial Application</td> </tr> <tr> <td>☐</td> <td>Conversion</td> </tr> <tr> <td>☐</td> <td>Mandatory Review</td> </tr> <tr> <td>☒</td> <td>Full</td> </tr> <tr> <td>☐</td> <td>Complaint Investigation</td> </tr> <tr> <td>☐</td> <td>Monitoring</td> </tr> <tr> <td>☐</td> <td>Other</td> </tr> <tr> <td>☐</td> <td>Follow Up</td> </tr> </table>		INSPECTION TYPE		☐	Initial Application	☐	Conversion	☐	Mandatory Review	☒	Full	☐	Complaint Investigation	☐	Monitoring	☐	Other	☐	Follow Up	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">Approved Capacity: 20</th> </tr> <tr> <th>AGES</th> <th>Approved for</th> <th># Enrolled</th> <th># Present</th> </tr> <tr> <td>2's</td> <td>Y ☒ N</td> <td>0</td> <td>0</td> </tr> <tr> <td>3's</td> <td>Y ☒ N</td> <td>0</td> <td>0</td> </tr> <tr> <td>4's</td> <td>☒ Y ☐ N</td> <td>6</td> <td>6</td> </tr> <tr> <td>5's (pre-school)</td> <td>☒ Y ☐ N</td> <td>16</td> <td>14</td> </tr> <tr> <td>5-15 (school-age)</td> <td>Y ☒ N</td> <td>0</td> <td>0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>22</td> <td>20</td> </tr> <tr> <td>Head Start</td> <td>XXXXXXX</td> <td>0</td> <td>XXXXXX</td> </tr> </table>		Approved Capacity: 20				AGES	Approved for	# Enrolled	# Present	2's	Y ☒ N	0	0	3's	Y ☒ N	0	0	4's	☒ Y ☐ N	6	6	5's (pre-school)	☒ Y ☐ N	16	14	5-15 (school-age)	Y ☒ N	0	0	TOTAL		22	20	Head Start	XXXXXXX	0	XXXXXX
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WORKERS COMPENSATION INSURANCE COVERAGE: ☒ Y ☐ N		EXP DATE: 7/31/2023																																																									
OPERATOR NAME:																																																											
FACILITY NAME: Our Lady of Perpetual Help Preschool																																																											
ADDRESS: 4805 Ilchester Road Ellicott City MD 21043																																																											
PERSON(S) INTERVIEWED: Courtney Ames																																																											
TITLE(S): Director																																																											
TELEPHONE: (410) 744-4251		E-MAIL: comes@olphschool.org ☒ Verified ☐ N/A																																																									

PART 1 - MANDATORY REVIEW ITEMS

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

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

C .03.06A Notifications
C .04.01B Capacity
C .05.01A Building Safety
C .05.08A Appropriate Facilities and Supplies
C .05.11 General Cleanliness and Disposal of Refuse
C .05.12 Outdoor Activity Area
C .07.02 Abuse and Neglect Reporting
C .07.06 Child Security

C .08.01A Appropriate Supervision
C .08.03 Group Size and Staffing
C .08.07 Playground Supervision
C .10.01A(4) Emergency Escape Route Posted
C .10.01C Emergency Contact Posted
C .10.03 Safe Use of Materials and Equipment
C .10.04 Potentially Hazardous Items
C .12.04A Food Safety

PART 2 – GENERAL COMPLIANCE REVIEW

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

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

CHAPTER 02 APPLICATION AND MAINTENANCE

C .03C Maintenance of a Continuing Letter of Compliance

CHAPTER 03 MANAGEMENT AND ADMINISTRATION

NA .01 Multi-Site Facilities
C .02 Admission to Care
C .03 Program Records
C .04 Child Records
C .05 Staff Records

C .06 Notifications [exc. A]
NA .07 Change of Operation
NA .08 Variances
C .09 Advertisement

CHAPTER 04 OPERATIONAL REQUIREMENTS

C .02 Enrollment and Attendant

CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT

C .01 Building Safety [exc. A]

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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>NA</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>NA</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>NA</u>	.05	Supervision during Water Activities
<u>NA</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>C</u>	.02	First Aid and CPR
<u>C</u>	.05	Transportation

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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

- NA .04 Change of Operation
NA .06 Personnel Qualifications
NA .07 Educational Program
NA .08 Child Records
NA .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

Lisa Warner

5/12/2023

Date

