

LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 3/12/2024 10:23 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="5">Approved Capacity: 132</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>0</td> <td colspan="2">0</td> </tr> <tr> <td>4's</td> <td>☒ Y ☐ N</td> <td>17</td> <td colspan="2">17</td> </tr> <tr> <td>5's (pre-school)</td> <td>☒ Y ☐ N</td> <td>0</td> <td colspan="2">0</td> </tr> <tr> <td>5-15 (school-age)</td> <td>☒ Y ☐ N</td> <td>0</td> <td colspan="2">0</td> </tr> <tr> <td>TOTAL</td> <td></td> <td>17</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: 132					AGES	Approved for	# Enrolled	# Present		2's	☒ Y ☐ N	0	0		3's	☒ Y ☐ N	0	0		4's	☒ Y ☐ N	17	17		5's (pre-school)	☒ Y ☐ N	0	0		5-15 (school-age)	☒ Y ☐ N	0	0		TOTAL		17	17		Head Start	XXXXXXX	0	XXXXXX	
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EXCELS LEVEL: 1		WORKERS COMPENSATION INSURANCE COVERAGE: ☐ Y ☒ N		EXP DATE:																																																																
OPERATOR NAME: St Margaret Catholic Church																																																																				
FACILITY NAME: St. Margaret School																																																																				
ADDRESS: 205 Hickory Avenue Bel Air MD 21014																																																																				
PERSON(S) INTERVIEWED: Cecilia Pleiss																																																																				
TITLE(S): Director																																																																				
TELEPHONE: (410) 879-1113		E-MAIL: cpleiss@smsch.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>X</u> .03.06A	Notifications	<u>N</u> .08.01A	Appropriate Supervision
<u>X</u> .04.01B	Capacity	<u>X</u> .08.03	Group Size and Staffing
<u>X</u> .05.01A	Building Safety	<u>X</u> .08.07	Playground Supervision
<u>X</u> .05.08A	Appropriate Facilities and Supplies	<u>X</u> .10.01A(4)	Emergency Escape Route Posted
<u>X</u> .05.11	General Cleanliness and Disposal of Refuse	<u>D</u> .10.01C	Emergency Contact Posted
<u>X</u> .05.12	Outdoor Activity Area	<u>X</u> .10.03	Safe Use of Materials and Equipment
<u>N</u> .07.02	Abuse and Neglect Reporting	<u>X</u> .10.04	Potentially Hazardous Items
<u>X</u> .07.06	Child Security	<u>X</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.

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CHAPTER 02 APPLICATION AND MAINTENANCE		<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
CHAPTER 03 MANAGEMENT AND ADMINISTRATION		<u>X</u> .08	Variances
<u>X</u> .01	Multi-Site Facilities	<u>X</u> .09	Advertisement
<u>X</u> .02	Admission to Care	CHAPTER 04 OPERATIONAL REQUIREMENTS	
<u>X</u> .03	Program Records	<u>X</u> .02	Enrollment and Attendant
<u>X</u> .04	Child Records	CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT	
<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>X</u>	.08	Sanitary Facilities and Supplies [exc. A]
<u>X</u>	.09	Lighting
<u>X</u>	.10	Telephone and Communication
<u>X</u>	.13	Swimming Facilities

CHAPTER 06 STAFF REQUIREMENTS

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

CHAPTER 07 CHILD PROTECTION

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

CHAPTER 08 CHILD SUPERVISION

<u>NA</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

Christine Johnson

3/12/2024

Date

