

**LETTER OF COMPLIANCE INSPECTION REPORT**

| INSPECTION DATE/TIME/DURATION:<br><b>5/28/2024 8:15 AM</b>                                                        |                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr> <td style="width: 30px;"></td> <td>Initial Application</td> </tr> <tr> <td></td> <td>Conversion</td> </tr> <tr> <td></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;"><input type="checkbox"/></td> <td>Follow Up</td> </tr> </table> |           | INSPECTION TYPE               |  |                             | Initial Application |  | Conversion |  | Mandatory Review | ✓ | Full |  | Complaint Investigation |  | Monitoring |  | Other | <input type="checkbox"/> | Follow Up | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">Approved Capacity: <b>40</b></th> </tr> <tr> <th>AGES</th> <th>Approved for</th> <th># Enrolled</th> <th># Present</th> </tr> <tr> <td>2's</td> <td style="text-align: center;">Y ● N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>3's</td> <td style="text-align: center;">Y ● N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>4's</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5's (pre-school)</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">20</td> <td style="text-align: center;">0</td> </tr> <tr> <td>5-15 (school-age)</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">20</td> <td style="text-align: center;">0</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td style="text-align: center;">40</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Head Start</td> <td style="text-align: center;">XXXXXXX</td> <td></td> <td style="text-align: center;">XXXXXX</td> </tr> </table> |  | Approved Capacity: <b>40</b> |  |  |  | AGES | Approved for | # Enrolled | # Present | 2's | Y ● N | 0 | 0 | 3's | Y ● N | 0 | 0 | 4's | ● Y N | 0 | 0 | 5's (pre-school) | ● Y N | 20 | 0 | 5-15 (school-age) | ● Y N | 20 | 0 | <b>TOTAL</b> |  | 40 | 0 | Head Start | XXXXXXX |  | XXXXXX |
|-------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|--|-----------------------------|---------------------|--|------------|--|------------------|---|------|--|-------------------------|--|------------|--|-------|--------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|--|--|--|------|--------------|------------|-----------|-----|-------|---|---|-----|-------|---|---|-----|-------|---|---|------------------|-------|----|---|-------------------|-------|----|---|--------------|--|----|---|------------|---------|--|--------|
| INSPECTION TYPE                                                                                                   |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
|                                                                                                                   | Initial Application     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
|                                                                                                                   | Conversion              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
|                                                                                                                   | Mandatory Review        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| ✓                                                                                                                 | Full                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
|                                                                                                                   | Complaint Investigation |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
|                                                                                                                   | Monitoring              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
|                                                                                                                   | Other                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| <input type="checkbox"/>                                                                                          | Follow Up               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| Approved Capacity: <b>40</b>                                                                                      |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| AGES                                                                                                              | Approved for            | # Enrolled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | # Present |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| 2's                                                                                                               | Y ● N                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0         |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| 3's                                                                                                               | Y ● N                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0         |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| 4's                                                                                                               | ● Y N                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0         |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| 5's (pre-school)                                                                                                  | ● Y N                   | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0         |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| 5-15 (school-age)                                                                                                 | ● Y N                   | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0         |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| <b>TOTAL</b>                                                                                                      |                         | 40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0         |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| Head Start                                                                                                        | XXXXXXX                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | XXXXXX    |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| PROVIDER ID:<br><b>241088</b>                                                                                     |                         | COMPLAINT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | FATALITY:<br><b>0</b>         |  | SERIOUS INJURY:<br><b>0</b> |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| LICENSE #:<br><b>156678</b>                                                                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| JURISDICTION:                                                                                                     |                         | NURSERY SCHOOL: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| REGION:<br><b>5</b>                                                                                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| EXCELS LEVEL:<br><b>1</b>                                                                                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| ACCREDITED: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                      |                         | ACCREDITED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           | EXP DATE:                     |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| WORKERS COMPENSATION INSURANCE COVERAGE: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           | EXP DATE:<br><b>7/01/2024</b> |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| OPERATOR NAME:<br><b>Archdiocese of Washington</b>                                                                |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| FACILITY NAME:<br><b>St. Mary's School After Care Program</b>                                                     |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| ADDRESS:<br><b>600 Viers Mill Road</b> <span style="float: right;"><b>Rockville</b> <b>MD</b> <b>20852</b></span> |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| PERSON(S) INTERVIEWED:<br><b>Caroline Conway</b>                                                                  |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| TITLE(S):<br><b>Admin</b>                                                                                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |
| TELEPHONE:<br><b>(301) 762-4179</b>                                                                               |                         | E-MAIL:<br><b>deisel@smsrockville.org</b> <span style="float: right;"><input checked="" type="radio"/> Verified <input type="radio"/> N/A</span>                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                              |  |  |  |      |              |            |           |     |       |   |   |     |       |   |   |     |       |   |   |                  |       |    |   |                   |       |    |   |              |  |    |   |            |         |  |        |



## 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**

|                                                 |                                                  |                                                |                          |
|-------------------------------------------------|--------------------------------------------------|------------------------------------------------|--------------------------|
| <b>CHAPTER 02 APPLICATION AND MAINTENANCE</b>   |                                                  | <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      |
| <b>CHAPTER 03 MANAGEMENT AND ADMINISTRATION</b> |                                                  | <u>C</u> .08                                   | Variances                |
| <u>C</u> .01                                    | Multi-Site Facilities                            | <u>C</u> .09                                   | Advertisement            |
| <u>C</u> .02                                    | Admission to Care                                | <b>CHAPTER 04 OPERATIONAL REQUIREMENTS</b>     |                          |
| <u>C</u> .03                                    | Program Records                                  | <u>C</u> .02                                   | Enrollment and Attendant |
| <u>C</u> .04                                    | Child Records                                    | <b>CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT</b> |                          |
| <u>C</u> .05                                    | Staff Records                                    | <u>C</u> .01                                   | Building Safety [exc. A] |



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### CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT, CON'T

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

### CHAPTER 06 STAFF REQUIREMENTS

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

### CHAPTER 07 CHILD PROTECTION

- C .01 Prohibition of Abuse, Neglect, Injurious Treatment
- C .03 Child Discipline
- C .04 Parental Access
- C .05 Authorized Release

### CHAPTER 08 CHILD SUPERVISION

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

### CHAPTER 09 PROGRAM REQUIREMENTS

- C .01 Materials and Equipment
- C .02 Rest Furnishings
- C .03 Storage

### CHAPTER 10 SAFETY

- C .01 Emergency Safety Requirements [exc. A(4), C]
- C .02 First Aid and CPR
- C .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

- C .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  
C .06 Emergency Suspension



Signature of Provider



Signature of Agency Representative

Valentine Encarnacion

5/28/2024

Date

