LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
10/16/2023 7:47 AM

PROVIDER ID:
856

LICENSE #:
53524

JURISDICTION:

INSPECTION TYPE	
	Initial Application
	Conversion
	Mandatory Review
✔	Full
	Complaint Investigation
	Monitoring
	Other

☐ Follow Up

Approved Capacity: 107

AGES	Approved for	# Enrolled	# Present
2's	Y ● N	0	0
3's	● Y N	20	18
4's	● Y N	24	20
5's (pre-school)	● Y N	3	3
5-15 (school-age)	● Y N	44	12
TOTAL		91	53
Head Start	XXXXXX	0	XXXXXX

REGION:
6

COMPLAINT #:

EXCELS LEVEL:
5

NURSERY SCHOOL: ☐ Y ● N

FATALITY:
0

SERIOUS INJURY:
0

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

WORKERS COMPENSATION INSURANCE COVERAGE: ● Y ☐ N

EXP DATE:
7/31/2024

OPERATOR NAME:
St. Augustine School

FACILITY NAME:
St. Augustine

ADDRESS:
5990 Old Washington Rd Elkridge MD 21075

PERSON(S) INTERVIEWED:
Lisa Toles-Felton

TITLE(S):
Director

TELEPHONE:
(410) 796-6436

E-MAIL:
lfelton@staug-md.org ◔ Verified ○ N/A

PART 1 - MANDATORY REVIEW ITEMS

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

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

C ____ **.03.06A** Notifications

C ____ **.04.01B** Capacity

C ____ **.05.01A** Building Safety

C ____ **.05.08A** Appropriate Facilities and Supplies

C ____ **.05.11** General Cleanliness and Disposal of Refuse

C ____ **.05.12** Outdoor Activity Area

C ____ **.07.02** Abuse and Neglect Reporting

C ____ **.07.06** Child Security

C ____ **.08.01A** Appropriate Supervision

C ____ **.08.03** Group Size and Staffing

C ____ **.08.07** Playground Supervision

C ____ **.10.01A(4)** Emergency Escape Route Posted

C ____ **.10.01C** Emergency Contact Posted

C ____ **.10.03** Safe Use of Materials and Equipment

C ____ **.10.04** Potentially Hazardous Items

C ____ **.12.04A** Food Safety

PART 2 – GENERAL COMPLIANCE REVIEW

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

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

CHAPTER 02 APPLICATION AND MAINTENANCE

C ____ **.03C** Maintenance of a Continuing Letter of Compliance

CHAPTER 03 MANAGEMENT AND ADMINISTRATION

C ____ **.01** Multi-Site Facilities

C ____ **.02** Admission to Care

C ____ **.03** Program Records

N ____ **.04** Child Records

C ____ **.05** Staff Records

C ____ **.06** Notifications **[exc. A]**

C ____ **.07** Change of Operation

C ____ **.08** Variances

C ____ **.09** Advertisement

CHAPTER 04 OPERATIONAL REQUIREMENTS

C ____ **.02** Enrollment and Attendant

CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT

C ____ **.01** Building Safety **[exc. A]**

PART 2 – GENERAL COMPLIANCE REVIEW

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

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

CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT, CON'T

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 **[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

PART 2 – GENERAL COMPLIANCE REVIEW

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

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

CHAPTER 11 HEALTH

C ____ **.01** Exclusion for Acute Illness

C ____ **.02** Infectious and Communicable Diseases

C ____ **.03** Preventing Spread of Disease

C ____ **.04** Medication Administration and Storage

C ____ **.05** Smoking

C ____ **.06** Alcohol and Drugs

CHAPTER 12 NUTRITION

C ____ **.01** Food Service

C ____ **.02** Modified Diet

C ____ **.03** Food Sources

C ____ **.04** Food Storage and Preparation **[exc. A]**

CHAPTER 12 NUTRITION, CON'T

C ____ **.05** Food Preparation Area and Equipment

CHAPTER 13 ADOLESCENT FACILITIES

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	Date
	Nancy Louia	10/16/2023