LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
2/5/2026 9:40 AM

PROVIDER ID:
13109

LICENSE #:
86633

JURISDICTION:

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

☐ Follow Up

Approved Capacity: 15

AGES	Approved for	# Enrolled	# Present
2's	Y ● N	0	0
3's	● Y N	8	5
4's	● Y N	7	5
5's (pre-school)	● Y N	2	1
5-15 (school-age)	Y ● N	0	0
TOTAL		17	11
Head Start	XXXXXX	0	XXXXXX

REGION:
8

COMPLAINT #:

EXCELS LEVEL:

NURSERY SCHOOL: ☐ Y ● N

FATALITY:
0

SERIOUS INJURY:
0

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

WORKERS COMPENSATION INSURANCE COVERAGE: ● Y ☐ N

EXP DATE:
11/07/2026

OPERATOR NAME:
St. Paul's United Methodist Church

FACILITY NAME:
St. Paul's Preschool

ADDRESS:
300 W Sunset Avenue Greensboro MD 21639

PERSON(S) INTERVIEWED:
Lou Ann Porter

TITLE(S):
Director

TELEPHONE:
(443) 786-8415

E-MAIL:
porterlouann@gmail.com ◔ 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

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

CHAPTER 03 MANAGEMENT AND ADMINISTRATION

X ____	**.01**	Multi-Site Facilities
X ____	**.02**	Admission to Care
X ____	**.03**	Program Records
X ____	**.04**	Child Records
X ____	**.05**	Staff Records
X ____	**.06**	Notifications **[exc. A]**
X ____	**.07**	Change of Operation
X ____	**.08**	Variances
X ____	**.09**	Advertisement

CHAPTER 04 OPERATIONAL REQUIREMENTS

X ____	**.02**	Enrollment and Attendant

CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT

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

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CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT, CON'T

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

CHAPTER 06 STAFF REQUIREMENTS

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

CHAPTER 07 CHILD PROTECTION

X ____ **.01** Prohibition of Abuse, Neglect, Injurious Treatment
X ____ **.03** Child Discipline
X ____ **.04** Parental Access
X ____ **.05** Authorized Release

CHAPTER 08 CHILD SUPERVISION

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

CHAPTER 09 PROGRAM REQUIREMENTS

X ____ **.01** Materials and Equipment
X ____ **.02** Rest Furnishings
X ____ **.03** Storage

CHAPTER 10 SAFETY

X ____ **.01** Emergency Safety Requirements **[exc. A(4), C]**
X ____ **.02** First Aid and CPR
X ____ **.05** Transportation

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CHAPTER 11 HEALTH

X ____.01 Exclusion for Acute Illness

X ____.02 Infectious and Communicable Diseases

X ____.03 Preventing Spread of Disease

X ____.04 Medication Administration and Storage

X ____.05 Smoking

X ____.06 Alcohol and Drugs

CHAPTER 12 NUTRITION

X ____.01 Food Service

X ____.02 Modified Diet

X ____.03 Food Sources

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

CHAPTER 12 NUTRITION, CON'T

X ____.05 Food Preparation Area and Equipment

CHAPTER 13 ADOLESCENT FACILITIES

X ____.01 Approved Plan

CHAPTER 14 EDUCATIONAL PROGRAM

X ____.04 Change of Operation

X ____.06 Personnel Qualifications

X ____.07 Educational Program

X ____.08 Child Records

X ____.09 Health, Fire Safety, Zoning

CHAPTER 15 INSPECTIONS, COMPLAINTS AND ENFORCEMENTS

X ____.02 Inspections

X ____.06 Emergency Suspension

Signature of Provider

Signature of Agency Representative

Beth Hill

2/05/2026

Date