LETTER OF COMPLIANCE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION:
12/11/2025 2:45 PM

PROVIDER ID:
13152

LICENSE #:
98398

JURISDICTION:

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

☐ Follow Up

Approved Capacity: 195

AGES	Approved for	# Enrolled	# Present
2's	Y ● N	0	0
3's	Y ● N	13	3
4's	● Y N	25	8
5's (pre-school)	● Y N	0	0
5-15 (school-age)	● Y N	146	18
TOTAL		184	29
Head Start	XXXXXX	0	XXXXXX

REGION:
4

COMPLAINT #:
15043312

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:
12/11/2025

OPERATOR NAME:
Grace Brethern Christian School

FACILITY NAME:
Grace Brethren Christian School BASP

ADDRESS:
6501 Surratts Road Clinton MD 20735

PERSON(S) INTERVIEWED:
Sheila Bradley

TITLE(S):
Director

TELEPHONE:
(301) 868-1600

E-MAIL:
Sheila.Bradley@cgcseagles.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

N	**.03.06A**	Notifications	N	**.08.01A**	Appropriate Supervision
X	**.04.01B**	Capacity	X	**.08.03**	Group Size and Staffing
X	**.05.01A**	Building Safety	X	**.08.07**	Playground Supervision
X	**.05.08A**	Appropriate Facilities and Supplies	X	**.10.01A(4)**	Emergency Escape Route Posted
X	**.05.11**	General Cleanliness and Disposal of Refuse	X	**.10.01C**	Emergency Contact Posted
X	**.05.12**	Outdoor Activity Area	X	**.10.03**	Safe Use of Materials and Equipment
X	**.07.02**	Abuse and Neglect Reporting	X	**.10.04**	Potentially Hazardous Items
D	**.07.06**	Child Security	X	**.12.04A**	Food Safety

PART 2 – GENERAL COMPLIANCE REVIEW

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

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CHAPTER 02 APPLICATION AND MAINTENANCE

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

D ____.01 Prohibition of Abuse, Neglect, Injurious Treatment
D ____.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

Stephanie Wheeler

12/11/2025

Date