

**LETTER OF COMPLIANCE INSPECTION REPORT**

| INSPECTION DATE/TIME/DURATION:<br><b>5/19/2026 7:00 AM</b>                                                |                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr> <td style="width: 20px;"></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: 193</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;">16</td> <td style="text-align: center;">16</td> </tr> <tr> <td>4's</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">32</td> <td style="text-align: center;">32</td> </tr> <tr> <td>5's (pre-school)</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>5-15 (school-age)</td> <td style="text-align: center;">● Y N</td> <td style="text-align: center;">193</td> <td style="text-align: center;">35</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td style="text-align: center;">241</td> <td style="text-align: center;">83</td> </tr> <tr> <td>Head Start</td> <td style="text-align: center;">XXXXXXX</td> <td style="text-align: center;">0</td> <td style="text-align: center;">XXXXXX</td> </tr> </table> |  | Approved Capacity: 193 |  |  |  | AGES | Approved for | # Enrolled | # Present | 2's | Y ● N | 0 | 0 | 3's | ● Y N | 16 | 16 | 4's | ● Y N | 32 | 32 | 5's (pre-school) | ● Y N | 0 | 0 | 5-15 (school-age) | ● Y N | 193 | 35 | <b>TOTAL</b> |  | 241 | 83 | Head Start | XXXXXXX | 0 | XXXXXX |
|-----------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|--|-----------------------------|---------------------|--|------------|--|------------------|---|------|--|-------------------------|--|------------|--|-------|--------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--|--|--|------|--------------|------------|-----------|-----|-------|---|---|-----|-------|----|----|-----|-------|----|----|------------------|-------|---|---|-------------------|-------|-----|----|--------------|--|-----|----|------------|---------|---|--------|
| INSPECTION TYPE                                                                                           |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
|                                                                                                           | Initial Application     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
|                                                                                                           | Conversion              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
|                                                                                                           | Mandatory Review        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| ✓                                                                                                         | Full                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
|                                                                                                           | Complaint Investigation |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
|                                                                                                           | Monitoring              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
|                                                                                                           | Other                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| <input type="checkbox"/>                                                                                  | Follow Up               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| Approved Capacity: 193                                                                                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| AGES                                                                                                      | Approved for            | # Enrolled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | # Present |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| 2's                                                                                                       | Y ● N                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0         |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| 3's                                                                                                       | ● Y N                   | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 16        |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| 4's                                                                                                       | ● Y N                   | 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 32        |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| 5's (pre-school)                                                                                          | ● Y N                   | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0         |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| 5-15 (school-age)                                                                                         | ● Y N                   | 193                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 35        |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| <b>TOTAL</b>                                                                                              |                         | 241                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 83        |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| Head Start                                                                                                | XXXXXXX                 | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | XXXXXX    |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| PROVIDER ID:<br><b>307423</b>                                                                             |                         | COMPLAINT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | FATALITY:<br><b>0</b>         |  | SERIOUS INJURY:<br><b>0</b> |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| LICENSE #:<br><b>150012</b>                                                                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| JURISDICTION:                                                                                             |                         | NURSERY SCHOOL: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| REGION:<br><b>3</b>                                                                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| EXCELS LEVEL:<br><b>5</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>7/31/2026</b> |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| OPERATOR NAME:<br><b>Beyond the Bell @ Immaculate Heart of Mary</b>                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| FACILITY NAME:<br><b>Beyond the Bell @ Immaculate Heart of Mary</b>                                       |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| ADDRESS:<br><b>8501 Loch Raven Boulevard</b> <b>Baltimore</b> <b>MD</b> <b>21286</b>                      |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| PERSON(S) INTERVIEWED:<br><b>Kristin Schmitt</b>                                                          |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| TITLE(S):<br><b>Teacher</b>                                                                               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                               |  |                             |                     |  |            |  |                  |   |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                        |  |  |  |      |              |            |           |     |       |   |   |     |       |    |    |     |       |    |    |                  |       |   |   |                   |       |     |    |              |  |     |    |            |         |   |        |
| TELEPHONE:<br><b>(410) 668-8466</b>                                                                       |                         | E-MAIL:<br><b>ihmbtb@ihmschoolmd.org</b> <span style="float: right;">● Verified ○ 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**

C .03.06A Notifications  
C .04.01B Capacity  
N .05.01A Building Safety  
C .05.08A Appropriate Facilities and Supplies  
C .05.11 General Cleanliness and Disposal of Refuse  
D .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

NA .01 Multi-Site Facilities  
C .02 Admission to Care  
C .03 Program Records  
N .04 Child Records  
N .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

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

### CHAPTER 06 STAFF REQUIREMENTS

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

### CHAPTER 07 CHILD PROTECTION

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

### CHAPTER 08 CHILD SUPERVISION

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

### CHAPTER 09 PROGRAM REQUIREMENTS

|          |     |                         |
|----------|-----|-------------------------|
| <u>C</u> | .01 | Materials and Equipment |
| <u>C</u> | .02 | Rest Furnishings        |
| <u>C</u> | .03 | Storage                 |

### CHAPTER 10 SAFETY

|           |     |                                              |
|-----------|-----|----------------------------------------------|
| <u>C</u>  | .01 | Emergency Safety Requirements [exc. A(4), C] |
| <u>C</u>  | .02 | First Aid and CPR                            |
| <u>NA</u> | .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

- NA .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  
NA .06 Emergency Suspension



Signature of Provider



Signature of Agency Representative

Antoinette Harvey

5/19/2026

Date

