

MARYLAND STATE DEPARTMENT OF EDUCATION - OFFICE OF CHILD CARE

MONITORING REPORT
EDUCATIONAL PROGRAM IN A NONPUBLIC NURSERY SCHOOL

Date: _____ Name of School _____

School # _____ or Certificate # _____ Time In _____

Address: _____

City _____ State _____ Zip Code _____

Phone Number: (_____) _____ Fax Number: (_____) _____

E-Mail Address: _____

Person(s) Interviewed: _____

Title(s): _____

Compliance Review Items

Instructions: Review the following regulations and determine compliance. Note "C" if Operator is in compliance with the regulation. Note "N" if the Operator is not in compliance with the regulation.

COMAR 13A.16.16 - EDUCATIONAL PROGRAMS IN NONPUBLIC NURSERY SCHOOLS

- .06 Personnel Qualifications # Teachers _____
- .07 Educational Program
- .08 Child Records #Children Enrolled _____
- .09 Health/Fire Safety/Zoning

Signature of Agency Representative

Signature of Operator/Agent

MONITORING VISIT COMMENTS

Name of School _____

Note: Failure to correct violations(s) listed below may result in sanctions being imposed or revocation of your Approval to Operate.

Time Out _____

OPERATOR COMMENTS:

- I request a review of the findings. **YES** **NO**
- I received a copy of this report. **YES** **NO**
- The use of this report have been explained to me. **YES** **NO**

Review requested on Regulation(s) _____

Signature of Operator/Agent **Signature of Agency Representative** **Date**