

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 5/19/2025 2:07 PM			
PROVIDER ID: 513635			
REGISTRATION #: 259763			
JURISDICTION:			
REGION: 3	Fatality: 0	Serious Injury: 0	
EXCELS LEVEL: 1	COMPLAINT #:		
ACCREDITED: ☐ Y ☒ N	ACCREDITED BY:		EXP DATE:
HOMEOWNER'S INSURANCE COVERAGE: ☐ N/A ☒ Y ☐ N		EXP DATE: 7/20/2025	
BUSINESS NAME:			
PROVIDER NAME: Teresa Matthews			
CO-PROVIDER: Mychell Batty			
ADDRESS: 2041 Wintergreen Place Rosedale MD 21237			
PERSONS INTERVIEWED: Teresa Matthews			
TITLE(S): Provider			
TELEPHONE: (410) 387-8913	E-MAIL: tmatthews@icloud.com		

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

<u>X</u> .02.01D	Certificate Conspicuously Displayed	<u>X</u> .06.02	Training Requirements
<u>X</u> .03.04A	Emergency Forms	<u>X</u> .07.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>X</u> .03.05C-E	Notification of Changes	<u>X</u> .07.02	Abuse and Neglect Reporting
<u>X</u> .04.03	Child Capacity	<u>X</u> .07.04	Child Discipline
<u>X</u> .05.03	Cleanliness and Sanitation	<u>X</u> .07.07	Child Security
<u>D</u> .05.04	Rooms Used for Care	<u>X</u> .08.01	General Child Supervision
<u>X</u> .05.05	Outdoor Activity Area	<u>X</u> .10.02	Potentially Hazardous Items
<u>X</u> .05.06	Rest Furnishings	<u>X</u> .10.06	Rest Time 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 REGISTRATION APPLICATION AND MAINTENANCE

<u>X</u> .03B	Continuing Registration
<u>X</u> .04B	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

<u>X</u> .01	Advertisement
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CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

<u>X</u> .02	Admission to Care
<u>X</u> .03	Program Records
<u>X</u> .04	Child Records [exc. A]
<u>X</u> .05	Notifications [exc. C-E]
<u>X</u> .06	Variances

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T
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CHAPTER 04 OPERATIONAL REQUIREMENTSX.01 Hours of CareX.02 Age Group Enrollment**CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT**X.01 Suitability of the HomeX.02 Lead-Safe Environment**CHAPTER 06 PROVIDER REQUIREMENTS**X.03 Provider SubstituteX.04 Additional AdultX.05 Volunteers**CHAPTER 07 CHILD PROTECTION**X.03 Applicability to ResidentsX.05 Parental AccessX.06 Authorized Release**CHAPTER 08 CHILD SUPERVISION**X.02 Off-Site SupervisionX.03 Water Activity SupervisionX.04 Overnight Care Supervision**CHAPTER 09 PROGRAM REQUIREMENTS**X.01 ActivitiesX.02 Materials/EquipmentX.03 Rest Periods**CHAPTER 10 SAFETY**X.01 Emergency SafetyX.03 Outdoor SafetyX.04 Water SafetyX.05 Transportation Safety**CHAPTER 11 HEALTH**X.01 Child Comfort/WelfareX.02 Exclusion for Acute IllnessX.03 Infectious/Communicable DiseasesX.04 Medication Administration/StorageX.05 SmokingX.06 Consumption of Alcohol/Drugs

PART 2 – GENERAL COMPLIANCE REVIEW, CON'T

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CHAPTER 12 NUTRITION

X.01 Nutrition/Food Served
X.02 Food Storage/Cleanliness

CHAPTER 13 INSPECTIONS, COMPLAINTS & ENFORCEMENTS

X.01 Inspections
X.06 Emergency Suspension



Signature of Provider



Signature of Agency Representative
Jennifer Woodard

5/19/2025

Date