

FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 6/25/2025 10:30 AM				AGES		Registered for	# Enrolled	# Present	Resident Children
PROVIDER ID: 145621				Initial Application			2	1	0
REGISTRATION #: 150944				Conversion		☒ Y ☐ N	2	2	0
JURISDICTION:				Mandatory Review		☒ Y ☐ N	0	0	0
				Full		☒ Y ☐ N	0	0	0
				Complaint Investigation		☒ Y ☐ N	1	1	0
				Monitoring ✓		☒ Y ☐ N	0	0	0
				Other		☒ Y ☐ N	0	0	0
		☐ Follow Up					4	4	0
							0	0	XXXXXX
							0	XXXXXX	XXXXXX
REGION: 4		Fatality: 0		Serious Injury: 0					
EXCELS LEVEL: 1		COMPLAINT #:							
ACCREDITED: ☐ Y ☒ N		ACCREDITED BY:				EXP DATE:			
HOMEOOWNER'S INSURANCE COVERAGE: ☐ N/A ☒ Y ☐ N						EXP DATE:			
BUSINESS NAME:									
PROVIDER NAME: Angela Morris									
CO-PROVIDER:									
ADDRESS: 1126 Strausberg Street Accokeek MD 20607									
PERSONS INTERVIEWED: Mr. Derrick Morris and Ms. Jacqueline Turner									
TITLE(S): Substitutes									
TELEPHONE: (301) 943-2305				E-MAIL: amm01126@gmail.com					
☒ Verified ☐ N/A									

PART 1 - MANDATORY REVIEW ITEMS

INSTRUCTIONS: (1) Review each regulation that applies to the inspection being conducted.
 (2) The compliance status of an item listed under Part 2 may be recorded when deemed necessary.
 (3) Initial/Resumption/Conversion/Full Inspection - Complete both Part 1 and Part 2.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

<u>X</u> .02.01D	Certificate Conspicuously Displayed	<u>D</u> .06.02	Training Requirements
<u>X</u> .03.04A	Emergency Forms	<u>C</u> .07.01	Prohibition of Abuse, Neglect, Injurious Treatment
<u>X</u> .03.05C-E	Notification of Changes	<u>C</u> .07.02	Abuse and Neglect Reporting
<u>X</u> .04.03	Child Capacity	<u>C</u> .07.04	Child Discipline
<u>X</u> .05.03	Cleanliness and Sanitation	<u>C</u> .07.07	Child Security
<u>X</u> .05.04	Rooms Used for Care	<u>C</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.

C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable

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**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 04 OPERATIONAL REQUIREMENTS**X.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

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

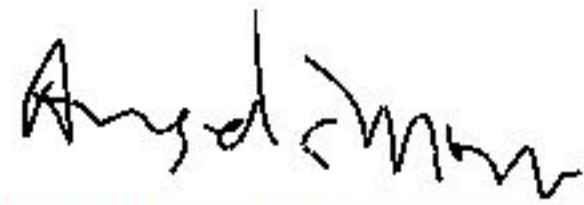
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CHAPTER 12 NUTRITION

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

Stephanie Wheeler

6/25/2025

Date