FAMILY CHILD CARE HOME INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 10/28/2025 2:00 PM

PROVIDER ID: 566224

REGISTRATION #: 261449

JURISDICTION:

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

☐ Follow Up

AGES	Registered for	# Enrolled	# Present	Resident Children
0-23 Months	4	4	4	0
2's	● Y N	1	1	0
3's	● Y N	0	0	0
4's	● Y N	0	0	0
5's (pre-school)	● Y N	0	0	0
5-12 (school-age)	Y ● N	0	0	0
TOTAL		5	5	0
Overnight		0	0	XXXXXX
Head Start	XXXXXX	0	XXXXXX	XXXXXX

REGION: 5

Fatality: 0

Serious Injury: 0

EXCELS LEVEL:

COMPLAINT #:

ACCREDITED: ☐ Y ● N

ACCREDITED BY:

EXP DATE:

HOMEOWNER'S INSURANCE COVERAGE: ☑ N/A ☐ Y ☐ N

EXP DATE:

BUSINESS NAME:

PROVIDER NAME: Ameesha Peiris

CO-PROVIDER:

ADDRESS: 11104 Knights Ct Germantown MD 20876

PERSONS INTERVIEWED: Ameesha Peiris

TITLE(S): Provider

TELEPHONE: (240) 751-8257

E-MAIL: supulisalgado@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

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

X	.03B	Continuing Registration
X	.04B	Conditional Status

CHAPTER 03 MANAGEMENT & ADMINISTRATION

X	.01	Advertisement

CHAPTER 03 MANAGEMENT & ADMINISTRATION, CON'T

X	.02	Admission to Care
X	.03	Program Records
X	.04	Child Records **[exc. A]**
X	.05	Notifications **[exc. C-E]**
X	.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 Care

X ___.02 Age Group Enrollment

CHAPTER 05 HOME ENVIRONMENT & EQUIPMENT

X ___.01 Suitability of the Home

X ___.02 Lead-Safe Environment

CHAPTER 06 PROVIDER REQUIREMENTS

X ___.03 Provider Substitute

X ___.04 Additional Adult

X ___.05 Volunteers

CHAPTER 07 CHILD PROTECTION

X ___.03 Applicability to Residents

X ___.05 Parental Access

X ___.06 Authorized Release

CHAPTER 08 CHILD SUPERVISION

X ___.02 Off-Site Supervision

X ___.03 Water Activity Supervision

X ___.04 Overnight Care Supervision

CHAPTER 09 PROGRAM REQUIREMENTS

X ___.01 Activities

X ___.02 Materials/Equipment

X ___.03 Rest Periods

CHAPTER 10 SAFETY

X ___.01 Emergency Safety

X ___.03 Outdoor Safety

X ___.04 Water Safety

X ___.05 Transportation Safety

CHAPTER 11 HEALTH

X ___.01 Child Comfort/Welfare

X ___.02 Exclusion for Acute Illness

X ___.03 Infectious/Communicable Diseases

X ___.04 Medication Administration/Storage

X ___.05 Smoking

X ___.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	Date
	Carol McLellan	10/28/2025