

Child Care Scholarship Program Informal Child Care Monitoring Inspections



First letter of the provider's last name.

Posted June 2025

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marylandpublicschools.org

⊠Virtual Inspection □In-person Inspection	Maryland State Department of Education/Office of Child Ca Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST				Return to: ccs.informalproviders@maryland. ov	
Inspection Date: 03/09/2023	me In: 10:30AM	Time Out: 11:59	PAM Result: PASSED			
Informal Care						
Type of Care (check one):	□ Non-relative	Informal Provider C	are ⊠Relative	Informal Pro	vider Care	
Provider Information						
First Name: Misku Last Name: Abafogi Provider ID #:				Provid Email:	er ID: <u>508857</u>	
Care Location Inspected						
Street Address: Address Verified? Yes.	City:	County:		State	Zip Code:	
Name of Children in Care	(add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)	
			(10/09/2022)	5 mos. / Y		
Safety of the Home						
Directions: Review and deter pages may be used for comm	rmine compliance with nents.	each standard. Note	any comments or o Y - Yes, N - No,	D – Discusse	ns needed. Additional d, n/a – Not Applicable	
Health and Safety Training: Basic Health and Safety Training Completed?		Standard Met Y/N	Corrective	Comments/Notes Corrective Action /Timeframe if needed		
		Y	Relative Informal Care – Certificate Submittee			
Home is free of health and safety hazards:		Standard Met Y/N		Action /Timeframe if needed		
 Is in good repair 			Y	All area	as were clean and in great condition	
Is free of insect or	rodent infestation		Y		No evidence of infestation	
Is well-lit and well-	ventilated		Y		s were turned on and lots of natural window lighting	
Has hot and cold r	running water		Y		by provider and steam observed on camera	
Has a working insi	de toilet		Y	Flushed	by provider and observed, lock on the bathroom door	
Has utilities for coo	oking, lighting and he	ating	Y .			
 Has a working and 	safe heating system		Y	Therm	ostat settings tested and observed	
 Has a working refr 	igerator and stove		Y	Te	ested by provider and observed	
 Has a working tele 	phone		Y	C	alled provider's working phone	
 Has operational sr 	noke detector(s)		Y	Observed and tested by provider		
 Has first aid kit/sup 	oplies		Y	F	irst aid kit kept on top of fridge	
 Has protective cov accessible to child 	verings on any electric ren	cal outlet that is	Y	All outlets were covered with coverings and occupied		
Harmful items are stored appropriately and away from children:		way from	Standard Met Y/N	Comments/ Corrective	Notes Action /Timeframe if needed	
Sharp or pointed items			Y	Store	ed in upper level kitchen cabinet	
Sharp or pointed it	Medications of any kind				Stored in the fridge	
	kind			1		
Medications of any	/ kind and flammable produc	ots	Y		Does not own	
Medications of any	and flammable produc	cts	Y Y		Does not own Does not own	
 Medications of any Matches, lighters a 	and flammable produc	cts				

 Poisonous substances 		Y	Does not own
GENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diape	ring area.	Y	Provider keeps diapers, wipes and baby products in compartments of the changing pa
Trash, garbage and wet and soiled diapers are dispo sanitary manner.	esed of in a	Y	Small trash container to dispose of any diaper wet items
Child is changed immediately when s/he has a soiled diaper, clothing or bedding.	l or wet	Y	
Diapering procedures are followed.		Y	Diapering area has all needed supplies
 Handwashing procedures are followed. Provider and washed thoroughly with soap and warm running wate Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the disease. 	er after:	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT	STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, includ Physical injury Any sexual abuse Mental injury	ling:	Y	
 A child in care is not subjected to any form of neglincluding: The failure to give proper care and attention including leaving a child unattended under of that indicate that the child's health or welfare placed at substantial risk of harm; Mental injury to a child, or a substantial risk injury that is caused by the failure to give proattention to a child. 	to a child bircumstances e is harmed or of mental	Y	
 A child in care is not subjected to mistreatment, in Any deliberate act that hurts a child physical emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful if child's mouth Requiring a child to stand on one foot as put Tying child to a cot or other equipment 	lly or tems in a	Y	
The provider immediately reports any suspected on neglect or mistreatment by calling 911 and your <u>le</u> Department of Social Services Child Protective Se	ocal	Y	
Emergency Ready-to-Go Pack			
The Emergency Ready-to-Go Pack must be available and e needed medications) and Emergency Documents.	asily accessible in	the event of an em	ergency. This contains a Disaster Supply Kit (including
Disaster Supply Kit			
Directions: Review and determine that each item is adequa nough supplies for each child in care. Also the items are cl	tely included in the ean, organized, ar	e Disaster Supply K nd usable. Commen	it. Be certain that the Disaster Supply Kit contains tt and note below if needed.
⊠Flashlight	Bottled water		Solder or binder for EPP documents
	⊠Non-perishable	food	Backpack(s) or carrying case(s)
C.	Diapers		⊠Consider special toys or games
	Change of cloth	nes	⊠ Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
SDE OCC Informal Care Inspection Checklist		Page 2 of 3	Revised 10/202

Items in the Disaster Supply Kit are	clean organized and usable (V/N	1)2 V	
Emergency Ready-to-Go Pack is av		1	N/2 ¥
Emergency Ready-to-60 Pack is av	anable and easily accessible in th	e event of all emergency (1/	
Location of The Emergency Read	y to go Pack: In the closet of th	e playroom	
Item Specification (if needed):			
	first aid kit, 1 thermometer, 4 bott	led waters, 1 pk of diapers a	nd wipes, 2 canned foods, 1 can of formula, 2
			roll of duct tape, 1 roll of sealing plastic/trash
ltems to be reviewed on xx/xx/xxx	1 carry-on suitcase, folder w/ EPP	& ECMA docs	
items to be reviewed on ANAXXX			
Emergency Documents			
⊠Informal Provider Emergen	cy Preparedness Plan (this com	pleted form)	
Authorization for emergence	y medical care		
Planning and Maintenance			
Person responsible for updating the		ergency Documents regula	arly:
First Name Misku	Last Name Abafogi		
Description of how the Emergency F		anted to one construction land	tions welled builded another
Shelter In Place Procedure:	ready-to-Go Fack will be transp	oned to an evacuation loca	auon: rolled by the provider.
	Id and go to the basement area	ratrious the amore analy he	g from the playroom and shelter in the
hallway (4 doors 0 windows). If the	need should arise she will use th	te sealing plastic and tape	to cover the doors. The provider will use
ner cellphone to call the parents wh		3	
Evacuation Procedures:			
Primary: The provider will carry the			
The provide 1 door 1 window). Provider will call			nd child will go into the
I door I window). Provider will call	the parents when they are settle	ed	
Alternate: The provider will the gra	b the child and roll the emergen	cy bag, provider will secure	e the baby in her stroller and walk
	. The provider will call		Once they are in
provider and child will shelter in emergency.	(0 doors 2 windows)	. The provider will call the p	parents at the beginning and end of the
anergency.			
Signatures & Date			
			ewed, and any corrections if needed have
been discussed. The parties also ac bop up visit which will be conducted		home in which care is prov	ided is subject to random, unannounced
PROVID			INSPECTOR
Printed Name:			
internet internet	11. hc	Printed Name:	
Misku F	FOUT 21		
Signature:	toutogi	Signature:	

⊠Virtual Inspection ⊡In-person Inspection		epartment of Ed Care Care Scholarsh INFORMAL C. PECTION CHE	Return to: ccs.informalproviders@maryland.gov			
Inspection Date: 10/7/2024	Time	e In: 1:30	Time Out: 2:26pi	m Re	esult: Passed	
Informal Care	1	-	-			
Type of Care (check one):	Non-relative Info	ormal Provider Ca	are DRelative	Informal	Provider Care	
Provider Information						
First Name: Stacey Last Name: Abbey				Pro	ovider ID: 564164	
Provider ID #:	Eust	nume. neboy		Em	mail	
Care Location Inspected						
Street Address: Address Verified?: Yes		City	Cou	inty:	State: Zip Code:	
Name of Children in Care (a	dd pages if needed)	Scholarship	Date of Birth	Age	e / Present (Y/N)	
			1/22/2019	5yrs/ N		
				1.2		
Safety of the Home						
	d determine complianc be used for comments.				orrective actions needed. ussed, n/a – Not Applicable	
Health and Safety Training:			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Basic Health and Saf	fety Training Complete	ed?	Y			
Home is free of health and s	afety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
 Is in good repair 			Y			
Is free of insect or rol	dent infestation		Y	_		
 Is well-lit and well-ve 	ntilated		Y			
 Has hot and cold run 	ning water		Y			
 Has a working inside 	toilet		Y			
 Has utilities for cooki 	ng, lighting and heatin	ıg	Y			
 Has a working and sa 	afe heating system		Y			
 Has a working refrige 	erator and stove		Y			
 Has a working teleph 	ione		Y			
 Has operational smo 	ke detector(s)		Ŷ			
 Has first aid kit/suppl 	ies		Y			
 Has protective coverings on any electrical outlet that is accessible to children 			Y			
Harmful items are stored appropriately and away from children:			Standard Met Y/N		ents/Notes tive Action /Timeframe if needed	
 Sharp or pointed iten 	ns		Y			
 Medications of any kit 	ind		Y			
 Matches, lighters and 	d flammable products		Y			
Alcoholic beverages			Y			
Guns			Y			
 Cleaning agents 			Y			
 Poisonous substance 	es		Y			
GENERAL CLEANLINESS S	TANDARDS		Standard Met Y/N	101000000000000000000000000000000000000	ents/Notes tive Action /Timeframe if needed	
All areas of the home are kept	t clean, including diapo	ering area.	Y			

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
 Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury 	Y	
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack (including needed medications) and		of an emergency. This contains a Disaster Supply Kit
Disaster Supply Kit		
	hat each item is adequately included in the Disaster shild in care. Also that the items are clean, organized	
⊠Flashlight	⊠Bottled water	Section 2012 Folder or binder for EPP documents
⊠Batteries	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
Portable First Aid Kit	⊠Diapers – N/A	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	⊠ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
Medications	⊠Blanket(s)	

MSDE OCC Informal Care Inspection Checklist 2020-03-26

Emergency Ready-to-Go Pack is available and easily accessible	e in the event of an emergency (Y/N)? Y
r Location of Emergency Ready to go Pack: behind the bedro	oom door
Item Specification (if needed):	
2	
To be observed for compliance on :	
•	
mergency Documents	
⊠Informal Provider Emergency Preparedness Plan (this	s completed form)
⊠Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and th	e Emergency Documents regularly:
First Name Stacey Last Name A	Abbey
The Provider will gather the children and the ready to go bag <u>, t</u> The provider will <u>travel to the evacuation log</u>	they will be traveling by grant the will be secured in a fragmentation gaining access by grant before, during and after sheltering
Signatures & Date	
	t all standards have been reviewed, and any corrections if needed have the home in which care is provided is subject to random, unannounced
PROVIDER	INSPECTOR
Printed Name: STACEY ABBEY	Printed Name
Signature:	Signature:

Date: 10/7/2024 Phone

Date: 10/7/2024

Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection	Chi	epartment of Ed ild Care Scholars INFORMAL NSPECTION CI	CARE	Child Care	Return to: ccs.informalproviders@maryland.g ov
Inspection Date: 09/23/20	22 Tim	Time In: 1:30PM Time Out: 2:46PM			Follow-Up needed
Follow-Up Inspection: 09/2	26/2022 Tim	e In: 3:00PM	Time Out:3:15PM	M Result	Passed
Informal Care					
Type of Care (check one):	□ Non-relative In	formal Provider C	are ⊠Relative	Informal Prov	vider Care
Provider Information					
First Name: Ursula Last Name: Abron				Provide	er ID: 495568
Provider ID #	Las	Name. Abion	Email		
Care Location Inspected	1				
Street Address: Address Verified? Yes	City:	County:	State	Zi	p Code:
Name of Children in Car	e (add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
			5/26/2022	3 Mos. / Ye	es
			6/22/2017	5 / Yes	
					A
Safety of the Home	termine compliance with as	ash aton david Nata	any comments or c	orrective actio	ns needed Additional
pages may be used for com	nments.	ach standard. Note	Y – Yes, N – No,	D - Discusse	d, n/a – Not Applicable
Directions: Review and det pages may be used for com Health and Safety Trainin	nments. ng:	ach standard. Note		D – Discusse	d, n/a – Not Applicable
pages may be used for com	nments. ng:	ach standard. Note	Y – Yes, N – No, Standard Met	D – Discusse Comments Corrective	d, n/a – Not Applicable /Notes
pages may be used for com Health and Safety Trainin Basic Health and Safety T Home is free of health ar	nments. ng: raining Completed?	ach standard. Note	Y – Yes, N – No, Standard Met Y/N N Standard Met Y/N	D – Discusse Comments Corrective Pro- Comments	d, n/a – Not Applicable /Notes Action /Timeframe if needed ovider registered for Course
Pages may be used for com Health and Safety Trainin Basic Health and Safety T Home is free of health an Is in good repair	nments. ng: Training Completed? nd safety hazards:	ach standard. Note	Y – Yes, N – No, Standard Met Y/N N Standard Met Y/N Y	D – Discusse Comments Corrective Pro- Comments	d, n/a – Not Applicable /Notes Action /Timeframe if needed ovider registered for Course /Notes
bages may be used for com Health and Safety Trainin Basic Health and Safety T Home is free of health an Is in good repair Is free of insect o	nments. ng: Training Completed? nd safety hazards:	ach standard, Note	Y – Yes, N – No, Standard Met Y/N N Standard Met Y/N Y Y	D – Discussed Corrective Pr Comments Corrective	d, n/a – Not Applicable /Notes Action /Timeframe if needed ovider registered for Course /Notes Action /Timeframe if needed
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Health and Safety Trainin Basic Health and Safety T Home is free of health an Is in good repair Is free of insect o Is well-lit and wel Has hot and cold	nments. ng: raining Completed? nd safety hazards: or rodent infestation II-ventilated I running water	ach standard. Note	Y – Yes, N – No, Standard Met Y/N N Standard Met Y/N Y Y Y Y Y	D – Discussed Corrective Pro Comments Corrective No sign of in	d, n/a – Not Applicable /Notes Action /Timeframe if needed ovider registered for Course /Notes Action /Timeframe if needed
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Health and Safety Trainin Basic Health and Safety T Home is free of health and Is in good repair Is free of insect o Is well-lit and wel Has hot and cold Has a working ins Has a working and Has a working re Has a working tel	nments. ng: Training Completed? nd safety hazards: or rodent infestation II-ventilated I running water side toilet ooking, lighting and heati nd safe heating system ifrigerator and stove lephone smoke detector(s)		Y – Yes, N – No, Standard Met Y/N N Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	D – Discussed Corrective Pro- Comments Corrective No sign of in Toilet Flush Gas burner	d, n/a – Not Applicable //Notes Action /Timeframe if needed ovider registered for Course /Notes Action /Timeframe if needed infestation ied lighted cell called
Health and Safety Trainin Basic Health and Safety Trainin Basic Health and Safety T Home is free of health an Is in good repair Is free of insect o Is well-lit and wel Has hot and cold Has a working ins Has a working an Has a working re Has a working re Has a working tel Has operational s Has first aid kit/su	nments. ng: Training Completed? nd safety hazards: or rodent infestation II-ventilated I running water side toilet ooking, lighting and heati nd safe heating system frigerator and stove lephone smoke detector(s) upplies overings on any electrical	ng	Y – Yes, N – No, Standard Met Y/N N Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	D – Discussed Corrective Pro- Comments Corrective No sign of in Toilet Flush Gas burner	d, n/a – Not Applicable //Notes Action /Timeframe if needed ovider registered for Course /Notes Action /Timeframe if needed infestation ed lighted sell called
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Health and Safety Trainin Basic Health and Safety Trainin Basic Health and Safety T Home is free of health an Is in good repair Is free of insect o Is well-lit and wel Has hot and cold Has a working ins Has utilities for co Has a working an Has a working re Has a working tel Has operational s Has first aid kit/su Has protective co accessible to chil Harmful items are stored	nments. ng: Training Completed? Ind safety hazards: or rodent infestation II-ventilated I running water side toilet ooking, lighting and heati nd safe heating system ifrigerator and stove lephone smoke detector(s) upplies overings on any electrical idren d appropriately and awa	ng outlet that is	Y – Yes, N – No, Standard Met Y/N N Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Standard Met	D – Discussed Corrective Pro Comments Corrective No sign of in Toilet Flush Gas burner Provider's c Band Aids, Comments//	d, n/a – Not Applicable //Notes Action /Timeframe if needed ovider registered for Course /Notes Action /Timeframe if needed nfestation ed lighted ell called Alcohol antiseptic wipes, Gauze, tape
Health and Safety Trainin Basic Health and Safety Trainin Basic Health and Safety T Home is free of health an Is in good repair Is free of insect o Is well-lit and wel Has hot and cold Has a working ins Has a working an Has a working re Has a working re Has a working re Has a working tel Has operational s Has first aid kit/su Has protective co accessible to chil Harmful items are stored	nments. ng: Training Completed? nd safety hazards: or rodent infestation II-ventilated I running water side toilet ooking, lighting and heati nd safe heating system frigerator and stove lephone smoke detector(s) upplies overings on any electrical idren d appropriately and awa items	ng outlet that is	Y - Yes, N - No, Standard Met Y/N N Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Standard Met Y/N	D – Discussed Corrective Pro Comments Corrective No sign of in Toilet Flush Gas burner Provider's co Band Aids, Corrective A	d, n/a – Not Applicable //Notes Action /Timeframe if needed ovider registered for Course /Notes Action /Timeframe if needed infestation ed lighted cell called Alcohol antiseptic wipes, Gauze, tape Notes Action /Timeframe if needed h cabinet
Health and Safety Trainin Basic Health and Safety Trainin Basic Health and Safety T Home is free of health an Is in good repair Is free of insect o Is well-lit and wel Has hot and cold Has a working ins Has utilities for co Has a working an Has a working re Has a working re Has a working tel Has operational s Has first aid kit/su Has protective co accessible to chil Harmful items are stored children: Sharp or pointed Medications of ar	nments. ng: Training Completed? nd safety hazards: or rodent infestation II-ventilated I running water side toilet ooking, lighting and heati nd safe heating system frigerator and stove lephone smoke detector(s) upplies overings on any electrical idren d appropriately and awa items	ng outlet that is	Y – Yes, N – No, Standard Met Y/N N Standard Met Y/N Y Y Y Y Y Y Y Y Y Standard Met Y/N Y Standard Met Y/N	D – Discussed Corrective Pro Comments Corrective No sign of in Toilet Flush Gas burner Provider's c Band Aids, Corrective A Moved to hig	d, n/a – Not Applicable //Notes Action /Timeframe if needed ovider registered for Course /Notes Action /Timeframe if needed infestation ed lighted cell called Alcohol antiseptic wipes, Gauze, tape Notes Action /Timeframe if needed h cabinet
Health and Safety Trainin Basic Health and Safety Trainin Basic Health and Safety T Home is free of health an Is in good repair Is free of insect o Is well-lit and wel Has hot and cold Has a working ins Has utilities for co Has a working an Has a working re Has a working re Has a working tel Has operational s Has first aid kit/su Has protective co accessible to chil Harmful items are stored children: Sharp or pointed Medications of ar	nments. ng: Training Completed? Ind safety hazards: or rodent infestation II-ventilated I running water side toilet ooking, lighting and heati nd safe heating system frigerator and stove lephone smoke detector(s) upplies overings on any electrical Idren d appropriately and awa items ny kind and flammable products	ng outlet that is	Y - Yes, N - No, Standard Met Y/N N Standard Met Y/N Y Y Y Y Y Y Y Standard Met Y/N Y Standard Met Y/N	D – Discussed Corrective Pro Comments Corrective No sign of in Toilet Flush Gas burner Provider's c Band Aids, Corrective A Moved to hig	d, n/a – Not Applicable //Notes Action /Timeframe if needed ovider registered for Course /Notes Action /Timeframe if needed infestation ed lighted cell called Alcohol antiseptic wipes, Gauze, tape Notes Action /Timeframe if needed h cabinet
Pages may be used for com Health and Safety Trainin Basic Health and Safety T Home is free of health and Is in good repair Is free of insect on Is well-lit and well Has hot and cold Has a working insert Has a working and Has a working reform Has a working tell Has protective conducted Has first aid kit/sufficted Has protective conducted Has protective conducted Sharp or pointed Medications of and Matches, lighters	nments. ng: Training Completed? Ind safety hazards: or rodent infestation II-ventilated I running water side toilet ooking, lighting and heati nd safe heating system frigerator and stove lephone smoke detector(s) upplies overings on any electrical Idren d appropriately and awa items ny kind and flammable products	ng outlet that is	Y - Yes, N - No, Standard Met Y/N N Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	D – Discussed Corrective Pro Comments Corrective No sign of in Toilet Flush Gas burner Provider's c Band Aids, Corrective A Moved to hig	d, n/a – Not Applicable /Notes Action /Timeframe if needed ovider registered for Course /Notes Action /Timeframe if needed infestation ed lighted cell called Alcohol antiseptic wipes, Gauze, tape Notes Action /Timeframe if needed h cabinet
Pages may be used for com Health and Safety Trainin Basic Health and Safety T Home is free of health an Is in good repair Is free of insect o Is well-lit and wel Has hot and cold Has a working ins Has utilities for co Has a working re Has a working re Has a working re Has a working tel Has operational s Has first aid kit/su Has protective co accessible to chil Harmful items are stored children: Sharp or pointed Matches, lighters Alcoholic beverage	nments. ng: Training Completed? Ind safety hazards: or rodent infestation II-ventilated I running water side toilet ooking, lighting and heati nd safe heating system frigerator and stove lephone smoke detector(s) upplies overings on any electrical Idren d appropriately and awa items ny kind and flammable products	ng outlet that is	Y – Yes, N – No, Standard Met Y/N N Standard Met Y/N Y Y Y Y Y Y Y Y Standard Met Y/N Y Y Y Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y	D – Discussed Corrective Pro Comments Corrective No sign of in Toilet Flush Gas burner Provider's c Band Aids, Corrective A Moved to hig	d, n/a – Not Applicable //Notes Action /Timeframe if needed ovider registered for Course /Notes Action /Timeframe if needed infestation ed lighted eell called Alcohol antiseptic wipes, Gauze, tape Notes Action /Timeframe if needed h cabinet binet

GENERAL CLEANLINESS STANDARDS	Standard Met	Comments/Notes
All areas of the home are kept clean, including diape	ring area. Y	Corrective Action /Timeframe if needed
Trash, garbage and wet and soiled diapers are dispo		
sanitary manner. Child is changed immediately when s/he has a soiled	d or wat	
diaper, clothing or bedding.	Y Y	
Diapering procedures are followed.	Y	
 Handwashing procedures are followed. Provider and washed thoroughly with soap and warm running wat Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent to disease. 	er after: Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT	STANDARDS Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 A child is not subject to any form of abuse, include Physical injury Any sexual abuse Mental injury 	ling: Y	
A child in care is not subjected to any form of ne	glect,	
 including: The failure to give proper care and attention including leaving a child unattended under that indicate that the child's health or welfar placed at substantial risk of harm; Mental injury to a child, or a substantial risk injury that is caused by the failure to give prattention to a child. 	circumstances e is harmed or Y of mental	
 A child in care is not subjected to mistreatment, Any deliberate act that hurts a child physical emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful child's mouth Requiring a child to stand on one foot as put Tying child to a cot or other equipment 	Illy or Y	
The provider immediately reports any suspected		
neglect or mistreatment by calling 911 and your 1 Department of Social Services Child Protective S		
Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and needed medications) and Emergency Documents.	easily accessible in the event of an e	mergency. This contains a Disaster Supply Kit (including
Disaster Supply Kit		
Directions: Review and determine that each item is adequate enough supplies for each child in care. Also the items are of	ately included in the Disaster Supply lean, organized, and usable. Comme	Kit. Be certain that the Disaster Supply Kit contains ent and note below if needed.
⊠ Flashlight	Bottled water	Solder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games

⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

⊠Thermometer

Medications

Change of clothes

Blanket(s)

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N	12 Y	
Emergency Ready-to-Go Pack is available and easily accessible in the		Y
	, , , , , , , , , , , , , , , , , , ,	
Location of The Emergency Ready to go Pack: Closet by front do	or	
Item Specification (if needed):		
1 shirts, 1 pants, shorts, underwear, 5 diapers, box wipes, playdoug		
4 extra AAA batteries, 8 AA batteries, Band aids, ointment, gauze, ta		
2 16oz water bottles, 2 cans of chef Boyardee mac & cheese Cereal,	-ruit snacks and baby teetning s	snacks, 4 containers apple sauce
Items to review on 09/26/2022 if needed: Observed 09/26/2022		
Outlet covers kitchen, playroom, by patio door, dining area		
Cleaning agents locked under kitchen sink,		
First aid split for the home Thermometer		
Sealing plastic & duct tape		
Emergency Documents		
⊠Informal Provider Emergency Preparedness Plan (this com	pleted form)	
⊠Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the Em	ergency Documents regularly:	
First Name Last Name		
Description of how the Emergency Ready-to-Go Pack will be transp	orted to an evacuation location	n: Coat Closet by front door
Shelter In Place Procedure:		
The provider will grab the children, the ERTB and head to the baser		
arise the provider will use plastic and tape to seal the shelter. The p	rovider will call the parent once	e they are secure.
Evacuation Procedures:		
The provider will grab the children, the ERTG and	house. The bab	by will be in a stroller and the older child
will be walking beside her. The provider will call know the	ey are on their way so she can	let them in. Once at the location they
will shelter in the basement which has one door, a walkout patio door care location and again after they are secure in the evacuation location and again after they are secure in the evacuation location location and again after they are secure in the evacuation location and again after they are secure in the evacuation location and again after they are secure in the evacuation location and again after they are secure in the evacuation location and again after they are secure in the evacuation location are secured.		ler will call the parent before leaving the
If they couldn't shelter at the primary location, they will walk to the a		which is
I. The baby will be in a stroller and the older child will be walk		
directed to the shelter room The provider will call the parent before	eaving the care location and a	again after they are secure in the
alternate evacuation location.		
Signatures & Date		
Acknowledgement: By signing below the parties acknowledge that al been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.		
PROVIDER	1	INSPECTOR
Printed Name: In Sleig Abron	Printed Name:	
	Signature:	
Date: CL 26 2022 Phone:	Date: 09/26/2022	Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST				Return to: ccs.informalproviders@maryland.gov
Inspection Date: 6/12/2024	Time In: 3:30pm Time Out: 4:15p			om Result: Passed	
Informal Care	in the second			AT LOCK	
Type of Care (check one):	Non-relative Info	ormal Provider C	are Relative	Informal	Provider Care
Provider Information				monnar	
First Name: Tuwanna Provider ID #:	st Name: Tuwanna Last Name: Allen				ovider ID: 553625
Care Location Inspected				En	nail:
Street Address: <u>Address Verified?</u> : Yes	<u>City</u> :		County: State	<u>e</u> :	Zip Code:
Name of Children in Care (a	dd pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
			4/5/2014	10yrs /	
			10/22/2022	18mon	
	-				
Safety of the Home					
Directions: Review an	d determine compliance	e with each stand	ard. Note any comn	nents or co	prective actions needed.
Additional pages may	be used for comments.		Y-Yes, N-No,	D – Discu	ssed, n/a – Not Applicable
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Basic Health and Sat	fety Training Complete	ed?	Y	-	
Home is free of health and safety hazards:			Standard Met Y/N	and a provide the second second	ents/Notes tive Action /Timeframe if needed
 Is in good repair 			Y		
Is free of insect or ro			Y		
Is well-lit and well-ve	The state of the second s		Y		
Has hot and cold run			Y		
 Has a working inside 	the second s		Y		
The second se	ng, lighting and heatin	g	Y	_	
 Has a working and sa 			Y	-	
Has a working refrige	and the second sec		Y		
Has a working teleph			Y		
Has operational smol	a second s		Y		
Has first aid kit/suppl Has protective coveri	ngs on any electrical o	author the time	Y	-	
accessible to children	1		Y		
Harmful items are stored appropriately and away from children:			Standard Met Y/N		nts/Notes ve Action /Timeframe if needed
 Sharp or pointed item 	and the second s		Y		
 Medications of any ki 	- main and a second		Y		
 Matches, lighters and 	flammable products		Y		
Alcoholic beverages			Y		
Guns			Y		
Cleaning agents			Y		
 Poisonous substance 	S		Y	-	
GENERAL CLEANLINESS S			Standard Met Y/N	11 Sec. 10 Sec. 200	nts/Notes ve Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.			Y		

MSDE OCC Informal Care Inspection Checklist 2020-03-26

		1
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
 Handwashing procedures are followed. Provider and child's han washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARD	S Standard Met	Comments/Notes Corrective Action /Timeframe if needed
 A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury 	Y	
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstance that indicate that the child's health or welfare is harmed placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care ar attention to a child. 	or Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit	v	
Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easil (including needed medications) <u>and</u> Emergency Documents.	y accessible in the even	t of an emergency. This contains a Disaster Supply Kit
Disaster Supply Kit	the state of the s	
Directions: Review and determine that each item is adequately contains enough supplies for each child in care. Also that the ite	included in the Disaster	Supply Kit. Be certain that the Disaster Supply Kit d, and usable. Comment and note below if needed
⊠Flashlight ⊠Bottled wa		Sector For EPP documents
⊠Batteries ⊠Non-perish	able food	Backpack(s) or carrying case(s)
⊠Portable First Aid Kit ⊠Diapers	en en definie à rol 20	Consider special toys or games
⊠Thermometer ⊠Change of	clothes	 Beavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
□Medications N/A		
Items in the Disaster Supply Kit are clean, organized, and usable ()		

MSDE OCC Informal Care Inspection Checklist 2020-03-26

Emergency Ready-to-Go Pack is available and e	asily accessible in th	e event of an emergency (Y/N)? Yes
Location of Emergency Ready to go Pack: Dir	ning Room Table		
Item Specification (if needed):			
• <u>To be observed for compliance on</u> •			
Emergency Documents			
⊠ Informal Provider Emergency Prepared ⊠Authorization for emergency medical ca		pleted form)	
Planning and Maintenance			
Person responsible for updating the Disaster Su First Name Tuwanna	pply Kit and the Em Last Name Allen	ergency Documents regu	larly:
Description of how the Emergency Ready-to-Go Shelter In Place Procedures:	Pack will be transp	orted to an evacuation lo	cation:
The Provider will carry the bag on her shoulder, 1 window). The Provider would seal the window they are secured.	Carry the 18 month and door and reach	old while guiding the elde out to the Parent via text	est to the room in the emergency and that t to inform her of the emergency and that
Evacuation Procedures:			
The Provider will carry the bag on her shoulder, 10 y/o in the seat belt and the 18 month old in a she will windows). The Provider would contact the paren	rear facing car seat. The Provider	. The Provider would driv and children would	e to the where (1 storm doors 0
The Provider will carry the bag on her shoulder, 10 y/o in the seat belt and the 18 month old in a doors 1 windows). The Provider would contact the over.	rear facing car seat	The Provider would drive The Provider and	e to where she will children would shelter
CARE HOURS:			
Signatures & Date			
Acknowledgement: By signing below the parties acl been discussed. The parties also acknowledge that pop up visit which will be conducted virtually or in-p	, if approved, the hon	andards have been reviewe ne in which care is provide	ed, and any corrections if needed have d is subject to random, unannounced
PROVIDER			INSPECTOR
Printed Name: TUWANNA Alle	en_	Printed Name:	
Signature:		Signature:	
Date: 0/13/200 Phone:		Date: 6/12/2024	Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection	Maryland Sta	te Department of E Child Care Schol INFORMA INSPECTION	arship Program L CARE	f Child Care	Return to: ccs.informalproviders@maryland ov
Inspection Date: 06/13/2023 Follow-up Inspection Date: 0	3 06/16/2023	Time In: 2:00PM Time In: 9:30AM	Time Out: 3:19 Time Out: 9:45		Follow-up Required. PASSED
Informal Care		Caller Color		-	
Type of Care (check one):	2 Non-relation	e Informal Provider	-		
Provider Information		e migmai Provider	Care Relativ	e Informal Prov	vider Care
First Name: Yarisa Provider ID #:		Last Name: Almon	te		er ID: <u>516870</u>
Care Location Inspected				Email:	
Street Address: Address Verified? Yes.	City:	County:	S	State Zip C	Code:
Name of Children in Care (add pages if neede	d) Scholarship	Date of Birth	Age	Present (Y/N)
			(07/24/2010)	12yr. / Y	Prosent (T/N)
			(12/17/2011)	11yr./ Y	
			(07/06/2013)	9yr./Y	
			(01/02/2015)	Syr./ Y	
			(0110212010)	OVI 1	
Safety of the Home	A TOP OF THE OWNER	A STREET			
Directions: Review and determ ages may be used for comme	nine compliance wit	h each standard. No	e any comments or Y - Yes, N - No,	corrective action D - Discussed	is needed. Additional I, n/a – Not Applicable
lealth and Safety Training:			Standard Met Y/N	Comments/	
lasic Health and Safety Train	ning Completed?		Y		lative Informal Care – Certificate Submitted
tome is free of health and	safety hazards:		Standard Met Y/N	Comments// Corrective /	
io in good ropail			Y		All areas were clean
 Is free of insect or ro 	and the second se		Y	1	No evidence of infestation
 Is well-lit and well-we 			Y	All lights v	were turned on and natural window lighting
 Has hot and cold run 	1		Y	Tested b	y provider and steam observed on camera
 Has a working inside 	the production of the local sector of the loca		Y	Flust	hed by provider and observed
 Has utilities for cook 	ing, lighting and he	ating	Y		and observed
 Has a working and s 		1	Y	Thermost	at tested by provider for cooling & heating
Has a working refrige			Y	Test	ed by provider and observed
 Has a working teleph 			Y		nd call made to provider's phone
 Has operational smo 	ke detector(s)		Y		ction Completed: Tested by provider and observed
Has first aid kit/suppl	000		Y	general around wipes,	
 Has protective cover accessible to children 	1		Y		tored in provider's bathroom ction Completed: All outlets covered or occupied
armful items are stored ap hildren:	propriately and a	way from	Standard Met Y/N	Comments/No	otes
 Sharp or pointed item 	IS		Y		tion /Timeframe if needed
 Medications of any ki 	nd		Y	Stored in Khit	e holder on back of kitchen counter
 Matches, lighters and 					Does not own

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Revised 10/2021

 Alcoholic beverages 	Y	Does not own
Guns	Y	Does not own
Cleaning agents Poisonous substances	Ý	Corrective Action Completed. Lock added to kitchen cabinet with cleaning products
1 sharen forta acutatan IOBS	Y	Stored in containers in the garage
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
All areas of the home are kept clean, including diapening area.	4	No diaper age children in care
Trash, garbage and wet and solled diapers are disposed of in a sanitary manner.	Ŷ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Dispering procedures are followed.	Y	No diaper age children in care
 Handwashing procedures are followed. Provider and child's hands washed thoroughly with scap and warm running water after. Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	¥.	Ho daget age children in care
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes
 A child is not subject to any form of abuse, including: Physical injury 		Corrective Action /Timeframe II needed
Any sexual abuse Mental injury	¥	
child in care is not subjected to any form of accient		
 The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Ÿ	
child in care is not subjected to mistreatment, including		
 Any denotrate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	¥	
the provider immediately reports any suspected child abuse, aglect or mistreatment by calling 911 and your local epartment of Social Services Child Protective Services Unit,	Y	
mergency Ready-to-Go Pack		
e Emergency Ready-to-Go Pack must be available and easily accessible in eded medications) and Emergency Documents.	the event of an erner	gency. This contains a Dispeter Standarka south
saster Supply Kit		a character supply he (including
ections: Review and determine that each term is adequately included in the ough supplies for each child in care. Also the items are clean, organized, and MElseklight	Disaster Supply Kit.	Bo certain that the Disaster Supply Kill contains
Elashight	usable. Comment a	nd note below if needed.
Bottled water		

MSDE OCC Informal Care Inspection Checklist

Proje 2 of 3

Revised 10/2021

2012/01/01/2012/01/2012/2012/2012/2012	⊠Diapers (N/A)	Consider special toys or games
⊠ Thermometer	SChange of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash
Medications	⊠Blanket(s)	bags
Items in the Disaster Supply Kit are clea	D. proapized and urable (Valva V	
Emergency Ready-to-Go Pack is available	ble and easily accessible in the event of an emerge	
Emergency Documents Maintenance Items and Maintenance	D batteries, 1 thermometer, no spec meds, 8 by blankets, folder w/ EPP and ECMA docs, 1 tote wy duty trash bags 3: Corrected & Reviewed on 06/16/2023 ton spaces and bedrooms with cleaning products reparedness Plan (this completed form) dical care	(carrying case), 1 playing game, 1 roll of duct
Person responsible for updating the Disar	ster Supply Kit and the Emergency Documents	requilarly:
Tajuddin	Last Name Sabree (Parent) -to-Go Pack will be transported to an evacuation	
and call the	d gather all the children and grab the ERTG. S parent and 911 if needed. If the need should a er will call or text the parent again	he and the children will head rise the provider will use sealing plastic and tape
Evacuation Procedures Primary: The provider will account for the van by car seat belt. The provider will drive spare key to gain access. The provider an parent at the beginning and end of emerge Alternate: If they could not access the pr and ERTG. She will ensure all children are the emergency along the way. Upon arriva door 1 window). Once secured she will cal Care Hours: M-F	children, gather the children and ERTG and en e she and the children to the od children will locate in the living room area (1 of ency. imary location, the provider will identify the issue e secured in the 16-passenger van by car seatb al she has key access into the li or text the parent with updates.	asure each child is secured in the 16-passenger upon arrival the provider will use her door 1 window). The provider will call or text the e, perform a head count and gather the children elt. She will call the parent and inform them of he and the children will shelter in
Evacuation Procedures Primary: The provider will account for the van by car seat belt. The provider will drive spare key to gain access. The provider an parent at the beginning and end of emerge Alternate: If they could not access the pri- and ERTG. She will ensure all children are the emergency along the way. Upon arriva door 1 window). Once secured she will cal Care Hours: M-F 5:00am-8:00am 3:00pm-9:00pm Sa-Su	children, gather the children and ERTG and er e she and the children to the d children will locate in the living room area (1 c ency. imary location, the provider will identify the issu e secured in the 16-passenger van by car seatb	door 1 window). The provider will call or text the e, perform a head count and gather the children elt. She will call the parent and inform them of
Evacuation Procedures Primary: The provider will account for the van by car seat belt. The provider will drive spare key to gain access. The provider an parent at the beginning and end of emerge Alternate: If they could not access the pr and ERTG. She will ensure all children are the emergency along the way. Upon arriva door 1 window). Once secured she will cal Care Hours: W-F 5:00am-8:00am 3:00pm-9:00pm Sa-Su Signatures & Date Alternate: By signing below the par- been discussed. The parties also acknowledgement: By signing below the parties also acknowledgement.	children, gather the children and ERTG and en e she and the children to the d children will locate in the living room area (1 d ency. imary location, the provider will identify the issue a secured in the 16-passenger van by car seath al she has key access into the secure Si i or text the parent with updates. (weekend work varies) 11:00am-7:00pm	door 1 window). The provider will use her door 1 window). The provider will call or text the e, perform a head count and gather the children elt. She will call the parent and inform them of he and the children will shelter in
Evacuation Procedures Primary: The provider will account for the van by car seat belt. The provider will driv spare key to gain access. The provider an parent at the beginning and end of emerge Alternate: If they could not access the pri- and ERTG. She will ensure all children are the emergency along the way. Upon arriva door 1 window). Once secured she will cal Care Hours: W-F 5:00am-8:00am 3:00pm-9:00pm Sa-Su Signatures & Date Acknowledgement: By signing below the par- een discussed. The parties also acknowle op up visit which will be conducted virtually	children, gather the children and ERTG and en e she and the children to the d children will locate in the living room area (1 d ency. imary location, the provider will identify the issue a secured in the 16-passenger van by car seath al she has key access into the secure Si i or text the parent with updates. (weekend work varies) 11:00am-7:00pm	door 1 window). The provider will use her door 1 window). The provider will call or text the e, perform a head count and gather the children elt. She will call the parent and inform them of he and the children will shelter in
Evacuation Procedures Primary: The provider will account for the van by car seat belt. The provider will driv spare key to gain access. The provider an parent at the beginning and end of emerge Alternate: If they could not access the pr and ERTG. She will ensure all children are the emergency along the way. Upon arriva door 1 window). Once secured she will cal Care Hours: M-F S:00am-8:00am 3:00pm-9:00pm Sa-Su Signatures & Date Acknowledgement. By signing below the pa been discussed. The parties also acknowle pop up visit which will be conducted virtually PROVIDER Printed Name: V a conduct of the secure of the s	children, gather the children and ERTG and en- e she and the children to the d children will locate in the living room area (1 d ency. imary location, the provider will identify the issue a secured in the 16-passenger van by car seath al she has key access into the secure of the secure of the parent with updates. I or text the parent with updates. (weekend work varies) 11:00am-7:00pm intees acknowledge that all standards have been dge that, if approved, the home in which care is y or in-person.	door 1 window). The provider will use her door 1 window). The provider will call or text the e, perform a head count and gather the children elt. She will call the parent and inform them of he and the children will shelter in
Evacuation Procedures Primary: The provider will account for the van by car seat belt. The provider will driv spare key to gain access. The provider an parent at the beginning and end of emerge Alternate: If they could not access the pr and ERTG. She will ensure all children are the emergency along the way. Upon arriva door 1 window). Once secured she will cal Care Hours: M-F 5:00am-8:00am 3:00pm-9:00pm Sa-Su Signatures & Date Acknowledgement. By signing below the par been discussed. The parties also acknowle pop up visit which will be conducted virtually PROVIDER	children, gather the children and ERTG and en- e she and the children to the d children will locate in the living room area (1 d ency. imary location, the provider will identify the issue a secured in the 16-passenger van by car seatb at she has key access into the secure of the secure at the parent with updates. (weekend work varies) 11:00am-7:00pm intees acknowledge that all standards have been dge that, if approved, the home in which care is y or in-person. Printed Name:	door 1 window). The provider will use her door 1 window). The provider will call or text the e, perform a head count and gather the children elt. She will call the parent and inform them of the and the children will shelter in reviewed, and any corrections if needed have provided is subject to random, unannounced
Evacuation Procedures Primary: The provider will account for the van by car seat belt. The provider will drive spare key to gain access. The provider an parent at the beginning and end of emerge Alternate: If they could not access the pr and ERTG. She will ensure all children are the emergency along the way. Upon arriva door 1 window). Once secured she will cal Care Hours: M-F S:00am-8:00am 3:00pm-9:00pm Sa-Su Bignatures & Date Acknowledgement. By signing below the pa been discussed. The parties also acknowle top up visit which will be conducted virtually PROVIDER Printed Name: Varias. Admonte	children, gather the children and ERTG and en- e she and the children to the d children will locate in the living room area (1 d ency. imary location, the provider will identify the issue a secured in the 16-passenger van by car seath al she has key access into the secure of the secure of the parent with updates. I or text the parent with updates. (weekend work varies) 11:00am-7:00pm intees acknowledge that all standards have been dge that, if approved, the home in which care is y or in-person.	door 1 window). The provider will call or text the e, perform a head count and gather the children elt. She will call the parent and inform them of the and the children will shelter in reviewed, and any corrections if needed have provided is subject to random, unannounced

MSDE OCC Informal Care Inspection Checklist

Revised 10/2021

⊠Virtual Inspection □In-person Inspection	Ch	ild Care Scholar INFORMAL NSPECTION C	L CARE ov			
Inspection Date: 11/04/2022	Tim	e In: 3:30PM	Time Out: 5:08F	M Result	PASSED	
Informal Care						
Type of Care (check one):	Non-relative In	formal Provider C	are ⊠Relative	e Informal Prov	vider Care	
Provider Information						
First Name: Felonie	Lae	t Name: Altema		Provide	er ID: 497963	
Provider ID #:	Las	Alterna		Email:		
Care Location Inspected						
Street Address: Address Verified? Yes	City:	County:	State	e Zij	p Code:	
Name of Children in Care (a	dd pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)	
			6/30/2012	10 / Yes		
			1/5/2009	13 / Yes		
Safety of the Home						
Directions: Review and determ ages may be used for commen					ns needed. Additional d, n/a – Not Applicable	
lealth and Safety Training:			Standard Met Y/N	Comments/ Corrective	/Notes Action /Timeframe if needed	
Basic Health and Safety Train	ing Completed?		Y		Certificate Submitted	
lome is free of health and s	afety hazards:		Standard Met Y/N	Comments/ Corrective	/Notes Action /Timeframe if needed	
 Is in good repair 			Y			
 Is free of insect or room 	dent infestation		Y		No sign of Infestation	
 Is well-lit and well-ve 			Y			
 Has hot and cold run 	-		Y		Steam observed	
 Has a working inside 			Y			
	ng, lighting and heati	ng	Y			
 Has a working and sa 			Y		Heat dialed up	
 Has a working refrige 			Y			
 Has a working teleph 			Y		Provider's cell called	
 Has operational smol 			Y			
 Has first aid kit/suppl 			Y	Band-Aids, h	nydrogen peroxide, triple antibiotic	
 Has protective coveri accessible to children 	ngs on any electrical	outlet that is	Y			
armful items are stored ap hildren:	propriately and awa	y from	Standard Met Y/N	Comments/N Corrective A	lotes ction /Timeframe if needed	
 Sharp or pointed item 	IS		Y	Locked in Bas	sement Laundry room	
 Medications of any ki 	nd		Y			
 Matches, lighters and 	flammable products		Y	None		
Alcoholic beverages			Y	None		
• Guns			Y			
 Cleaning agents 			Y			
 Poisonous substance 	S		Y	Other than me	edications and cleaning solutions	

GENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapo	ering area.	Y	
Trash, garbage and wet and soiled diapers are disp sanitary manner.	osed of in a	Y	
Child is changed immediately when s/he has a soile diaper, clothing or bedding.	d or wet	Y	
Diapering procedures are followed.		Y	N/A
 Handwashing procedures are followed. Provider an washed thoroughly with soap and warm running wat Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent t disease. 	ter after:	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT	STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 A child is not subject to any form of abuse, include Physical injury Any sexual abuse Mental injury 	ding:	Y	
 A child in care is not subjected to any form of neincluding: The failure to give proper care and attention including leaving a child unattended under of that indicate that the child's health or welfar placed at substantial risk of harm; Mental injury to a child, or a substantial risk injury that is caused by the failure to give prattention to a child. 	n to a child circumstances re is harmed or	Y	
 A child in care is not subjected to mistreatment, i Any deliberate act that hurts a child physical emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful in child's mouth Requiring a child to stand on one foot as put Tying child to a cot or other equipment 	ally or items in a	Y	
The provider immediately reports any suspected neglect or mistreatment by calling 911 and your <u>le</u> Department of Social Services Child Protective Se	ocal	Y	
Emergency Ready-to-Go Pack			
The Emergency Ready-to-Go Pack must be available and eneeded medications) and Emergency Documents.	easily accessible in	the event of an eme	ergency. This contains a Disaster Supply Kit (including
Disaster Supply Kit			
Directions: Review and determine that each item is adequa enough supplies for each child in care. Also the items are c			
⊠Flashlight	Bottled water		⊠Folder or binder for EPP documents
Batteries for Flashlight	⊠Non-perishable	food	Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers N/A		⊠Consider special toys or games
	⊠Change of cloth	ies	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications	⊠Blanket(s)		

Items in the Disaster Supply Kit are clean, organ	ized, and usable (Y/N)?	Y	
Emergency Ready-to-Go Pack is available and e	easily accessible in the e	vent of an emergency (Y/N)?	Y
Location of The Emergency Ready to go Pack	<u>x</u> : In Parent's Bedroon	n	
Item Specification (if needed): 2 shirts, 2 pants, 1 large blanket, 8 extra AA bat Band aids, Triple antibiotic ointment, wrap, cold r 3 16oz water bottles, 2 box of chicken noodle, ca Items to review on xx/xx/xxxx if needed:	medicine, tape, hydroge	n peroxide, gloves,	e can of pears, Ritz cracker, corned beef
Emergency Documents			
⊠Informal Provider Emergency Prepared	ness Plan (this comple	ted form)	
⊠Authorization for emergency medical ca	are		
Planning and Maintenance			
Person responsible for updating the Disaster Su First Name	pply Kit and the Emerg Last Name	ency Documents regularly:	
Description of how the Emergency Ready-to-Go	Pack will be transporte	ed to an evacuation location	: Carried
Shelter In Place Procedure: The provider will call the children, grab the ERTE windows. If the need should arise the provider will have settled in the basement. Evacuation Procedures: The provider will grab the emergency bag, call the their seatbelts, before they are driven to the prime provider will ask the State Shelter parents before leaving the care location and after If they couldn't shelter at the primary location, the provider will grab the emergency bag, get the child seatbelts, before they are driven to the location. need should arise the provider will use plastic and location and after they are secure in the alternate	ill use plastic and tape the children I, call ary evacuation location ar room. The secure in the ey will go to the alterna ildren, then secure in the They will shelter in the d tape to seal the shelt	to seal the shelter. The prov to drive the n, which is oom has 2 doors and two wir e evacuation location. te evacuation location which the pro- basement family room that	vider will call the parent after they m. Provider will secure the children Once at the location, ndows. The provider will call the h is The vider will secure the children their has two window and 2 doors. If the
Signatures & Date			
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge th pop up visit which will be conducted virtually or in-	at, if approved, the hor		
PROVIDER		IN	ISPECTOR
Printed Name: Fe lo mil Albern &	P	rinted Name:	
Signature	s	ignature:	
Date: 11-05-20 Phone:		ate: 11/04/2022	Phone: 1-877-227-0125

☑Virtual Inspection □In-person Inspection	Maryland State	Department of Ec Child Care Schola INFORMAL INSPECTION C	rship Program	of Child Care	Return to: ccs.informalproviders@maryland ov
Inspection Date: 10/17/2023 Follow-up Inspection Date: 1	10/19/2023	Time In: 9:30AM Time In: 10:00AM	Time Out: 10:2 Time Out: 11:0		Follow-up Required. up Result: PASSED
Informal Care					
Type of Care (check one):	Non-relative	Informal Provider C	are Relativ	re Informal Provid	ler Care
Provider Information					
		ast Name: Anderso	20	Provider	D: <u>526743</u>
First Name: Alicya Provider ID #:		ast Name. Anderst		Email:	
Care Location Inspected	A STATE OF STATE		Chate Zip (Code:	
Street Address	City:	County:	State Zip C	0000.	
Address Verified? Yes.	it acaded	Scholarship	Date of Birth	Age /	Present (Y/N)
Name of Children in Care ((add pages if needed)	Content of the	(09/10/2016)	7yr. Y	
Safety of the Home			A STATE OF STATE		anded Additional
Safety of the Home Directions: Review and deterr	mine compliance with	each standard. Note	any comments or c	D - Discussed, n	a/a – Not Applicable
Directions: Review and determine pages may be used for comme	ents.		Standard Met		
		State Base State	Y/N	Corrective Act	ion /Timeframe if needed
Health and Safety Training	· · · · · · · · · · · · · · · · · · ·		Y		mal Care – Certificate Submitted
Basic Health and Safety Trai	ining Completed		Standard Met	Comments/Not	tes ion /Timeframe if needed
Home is free of health and	safety hazards:	The second second second	Y/N Y		All areas were clean
i i and repair			Y		evidence of infestation
Is in good repair Is free of insect or re	odent infestation			All lights we	re turned on and natural window
Is well-lit and well-ve	entilated	0.000	Y		lighting
				Tested by provider and observed by ice me under kitchen faucet	
	aning water		Y		
 Has hot and cold rule 	inning water		Y Y		
Ling Insid	le toilet	ating			under kitchen faucet
Has a working insid Has utilities for cook	le toilet king, lighting and hea	ating	Y	Flushe	under kitchen faucet d by provider and observed tested by provider for cooling &
Has a working insid Has utilities for cook Has a working and s	le toilet king, lighting and hea safe heating system	ting	Y Y Y	Flushe	under kitchen faucet d by provider and observed tested by provider for cooling & heating
Has a working insid Has utilities for cook Has a working and s	le toilet king, lighting and hea safe heating system	ting	Y Y Y Y	Flusher Thermostat Tested	under kitchen faucet d by provider and observed tested by provider for cooling & heating d by provider and observed
 Has a working inside Has utilities for cook Has a working and s Has a working refrige 	le toilet king, lighting and hea safe heating system gerator and stove	ting	Y Y Y Y Y	Flusher Thermostat Tester Outbound call	under kitchen faucet d by provider and observed tested by provider for cooling & heating d by provider and observed made by informal team to provider's phone
 Has a working inside Has utilities for cook Has a working and s Has a working refrig Has a working telep 	le toilet king, lighting and hea safe heating system gerator and stove phone	ting	Y Y Y Y Y Y	Flusher Thermostat Tester Outbound call Tester	under kitchen faucet d by provider and observed tested by provider for cooling & heating d by provider and observed made by informal team to provider's phone d by provider and observed
 Has a working inside Has utilities for cook Has a working and s Has a working refrige Has a working telep Has operational smoothing 	le toilet king, lighting and hea safe heating system gerator and stove phone oke detector(s)	ting	Y Y Y Y Y	Flusher Thermostat Tester Outbound call Tester First aid kit sto	under kitchen faucet d by provider and observed tested by provider for cooling & heating d by provider and observed made by informal team to provider's phone d by provider and observed red in basket in provider's bathroom
 Has a working insid Has utilities for cook Has a working and s Has a working refrig Has a working telep 	le toilet king, lighting and hea safe heating system gerator and stove ohone oke detector(s) olies prings on any electric		Y Y Y Y Y Y	Flusher Thermostat Tester Outbound call f Tester First aid kit sto Corrective A covered or oc	under kitchen faucet d by provider and observed tested by provider for cooling & heating d by provider and observed made by informal team to provider's phone d by provider and observed red in basket in provider's bathroom action Completed: All outlets were cupied (all bathrooms, 3 bedrooms
 Has a working inside Has utilities for cook Has a working and s Has a working refrige Has a working telep Has operational smoore Has first aid kit/supp Has protective cove accessible to childree Harmful items are stored approximation 	le toilet king, lighting and hea safe heating system gerator and stove shone oke detector(s) blies erings on any electric en	al outlet that is	Y Y Y Y Y Y Y Y	Flusher Thermostat Tester Outbound call Tester First aid kit sto Corrective A covered or oc kitchen, hallwa Comments/Not Corrective Acti	under kitchen faucet d by provider and observed tested by provider for cooling & heating d by provider and observed made by informal team to provider's phone d by provider and observed red in basket in provider's bathroom action Completed: All outlets were cupied (all bathrooms, 3 bedrooms, ays(upstairs/downstairs, living room) tes ion /Timeframe if needed
 Has a working insid Has utilities for cook Has a working and s Has a working refrig Has a working telep Has operational smo Has first aid kit/supp Has protective cove accessible to childred Harmful items are stored ap children: 	le toilet king, lighting and hea safe heating system gerator and stove ohone oke detector(s) olies orings on any electric en ppropriately and av	al outlet that is	Y Y Y Y Y Y Y Standard Met	Flusher Thermostat Tester Outbound call Tester First aid kit sto Corrective A covered or oc kitchen, hallwa Comments/Not Corrective Acti	under kitchen faucet d by provider and observed itested by provider for cooling & heating d by provider and observed made by informal team to provider's phone d by provider and observed red in basket in provider's bathroom action Completed: All outlets were cupied (all bathrooms, 3 bedrooms, ays(upstairs/downstairs, living room) tes
 Has a working insid Has utilities for cook Has a working and s Has a working refrig Has a working telep Has operational smo Has first aid kit/supp Has protective cove accessible to childree Harmful items are stored ap children: Sharp or pointed item 	le toilet king, lighting and hea safe heating system gerator and stove ohone oke detector(s) oblies arings on any electric en ppropriately and av ms kind	al outlet that is /ay from	Y Y Y Y Y Y Y Y Standard Met Y/N Y	Flusher Thermostat Tester Outbound call Tester First aid kit sto Corrective A covered or oc kitchen, hallwa Comments/Not Corrective Acti Stored in knife	under kitchen faucet d by provider and observed tested by provider for cooling & heating d by provider and observed made by informal team to provider's phone d by provider and observed red in basket in provider's bathroom action Completed: All outlets were cupied (all bathrooms, 3 bedrooms, ays(upstairs/downstairs, living room) tes ion /Timeframe if needed
 Has a working insid Has utilities for cook Has a working and s Has a working refrig Has a working telep Has operational smo Has first aid kit/supp Has protective cove accessible to childree Harmful items are stored ap children: Sharp or pointed item 	le toilet king, lighting and hea safe heating system gerator and stove ohone oke detector(s) oblies arings on any electric en ppropriately and av ms kind	al outlet that is /ay from	Y Y Y Y Y Y Y Standard Met Y/N Y	Flusher Thermostat Tester Outbound call Tester First aid kit sto Corrective A covered or oc kitchen, hallwa Comments/Not Corrective Acti Stored in knife	under kitchen faucet d by provider and observed tested by provider for cooling & heating d by provider and observed made by informal team to provider's phone d by provider and observed red in basket in provider's bathroom wotion Completed: All outlets were cupied (all bathrooms, 3 bedrooms, ays(upstairs/downstairs, living room) tes ion /Timeframe if needed a holder on the back of the counter
 Has a working insid Has utilities for cook Has a working and s Has a working refrig Has a working telep Has operational smo Has first aid kit/supp Has protective cove accessible to childree Harmful items are stored ap children: Sharp or pointed item 	le toilet king, lighting and hea safe heating system gerator and stove ohone oke detector(s) oblies erings on any electric en ppropriately and av ms kind nd flammable produc	al outlet that is /ay from	Y Y Y Y Y Y Y Y Standard Met Y/N Y	Flusher Thermostat Tester Outbound call Tester First aid kit sto Corrective A covered or oc kitchen, hallwa Comments/Not Corrective Acti Stored in knife	under kitchen faucet d by provider and observed tested by provider for cooling & heating d by provider and observed made by informal team to provider's phone d by provider and observed red in basket in provider's bathroom action Completed: All outlets were cupied (all bathrooms, 3 bedrooms, ays(upstairs/downstairs, living room) tes ion /Timeframe if needed a holder on the back of the counter on top shelf bathroom closet

Cleaning agents	Y	Corrective Action Completed: All bathrooms and kitchen cabinets locks added and cleaning products/bleach moved to high shelf in bathroom
Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard M Y/N	let Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including dia	pering area. Y	No diaper age children in care
Trash, garbage and wet and soiled diapers are dis sanitary manner.	posed of in a Y	Trash thrown away daily
Child is changed immediately when s/he has a soi diaper, clothing or bedding.	led or wet Y	
Diapering procedures are followed.	Y	No diaper age children in care
 Handwashing procedures are followed. Provider a washed thoroughly with soap and warm running w Tolleting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent disease. 	the spread of	
CHILD ABUSE, NEGLECT AND MISTREATMEN	T STANDARDS Standard Me Y/N	t Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, inclu Physical injury Any sexual abuse Mental injury 	uding: Y	
 A child in care is not subjected to any form of n including: The failure to give proper care and attention including leaving a child unattended under that indicate that the child's health or welfar placed at substantial risk of harm; Mental injury to a child, or a substantial risk injury that is caused by the failure to give p attention to a child. 	on to a child circumstances are is harmed or Y k of mental proper care and	
 A child in care is not subjected to mistreatment, Any deliberate act that hurts a child physic emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful child's mouth Requiring a child to stand on one foot as put Tying child to a cot or other equipment 	ally or Y Items in a	
the provider immediately reports any suspected neglect or mistreatment by calling 911 and your 1 Department of Social Services Child Protective Services and the service of	losol	
mergency Ready-to-Go Pack		
te Emergency Ready-to-Go Pack must be available and e seded medications) and Emergency Documents.	easily accessible in the event of an e	mergency. This contains a Disaster Supply Kit (including
anaren anbbik vit		
ections: Review and determine that each item is adequa ugh supplies for each child in care. Also the items are cl	tely included in the Disaster Supply	Kit. Be certain that the Disaster Control of the
		ent and note below if needed.
MBatteries for Eleablish	⊠Bottled water	Solder or binder for EPP documents
	Non-perishable food	Backpack(a)

Ŀ,

⊠Non-perishable food ⊠Diapers (N/A)

Backpack(s) or carrying case(s) Consider special toys or games

⊠Thermometer	⊠Change of clothes	⊠ Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Medications (N/A)	⊠Blanket(s)	
	lean, organized, and usable (Y/N)? Y	
	ilable and easily accessible in the event of an emerge	ancy (Y/N)? Y
Item Specification (if needed): 1 flashlight, 5 extra AA batterie dried and canned foods, 1 blam (top/bottom), change of clothes Items to be reviewed on 10/19/2 Outlet coverings in multiple are Locks for bathroom and kitche	to go Pack: Stored in spare bedroom es, 1 first aid kit, 1 thermometer, no specific media laket, a few toys, 3 heavy duty trash bags, 1 roll of s and folder w/ EPP and ECMA docs 2023: Corrected & Reviewed on 10/19/2023 eas (bedrooms, common spaces, hallways, kitche n cabinets with cleaning products nes and folder w/ EPP and ECMA docs	duct tape, 2 tote bags (carrying case), 1 outric
Emergency Documents		
☑ Informal Provider Emergency ☑ Authorization for emergency r	Preparedness Plan (this completed form) medical care	
Planning and Maintenance		
erson responsible for updating the Di	saster Supply Kit and the Emergency Documents	regularly:
irst Name	Last Name Anderson	
	a the second team and the second second	location: carried by the provider.
escription of how the Emergency Rea	ady-to-Go Pack will be transported to an evacuation	riodation. Garried by the provident
Description of how the Emergency Rea <u>Shelter In Place Procedure:</u> The provider will gather the child, grab	ady-to-Go Pack will be transported to an evacuation the ERTG and she and the child will shelter in the ave any windows. If the need should arise the provi r in the closet. The provider will text the parent with	bathroom (1 door 0 windows) and/or closet (1 der will use sealing plastic and tape to seal the
Description of how the Emergency Rea Shelter In Place Procedure: The provider will gather the child, grab loor 0 windows). Both rooms do not ha loor and vent in bathroom and the doo Evacuation Procedures Primary: The provider will account child Upon arrival the pro- 1 door 0 windows) or	the ERTG and she and the child will shelter in the ave any windows. If the need should arise the provi r in the closet. The provider will text the parent with d and grab the ERTG, The provider will ensure the	bathroom (1 door 0 windows) and/or closet (1 der will use sealing plastic and tape to seal the nemergency updates. child is strapped in her seat belt and drive to re provider and child would take shelter in the
Description of how the Emergency Real Shelter In Place Procedure: The provider will gather the child, grab- tioor 0 windows). Both rooms do not have toor and vent in bathroom and the doo Evacuation Procedures trimary: The provider will account child Upon arrival the pro- 1 door 0 windows) or pdates. Iternate: If they could not access the hild is strapped in her seat belt and here to shelter specifically. Once secur-	the ERTG and she and the child will shelter in the ave any windows. If the need should arise the provi r in the closet. The provider will text the parent with d and grab the ERTG, The provider will ensure the vider will	bathroom (1 door 0 windows) and/or closet (1 der will use sealing plastic and tape to seal the nemergency updates. child is strapped in her seat belt and drive to e provider and child would take shelter in the vill call or text the parent with emergency d grab the ERTG, The provider will ensure the receive instruction from the
Description of how the Emergency Real Shelter In Place Procedure: The provider will gather the child, grab- loor 0 windows). Both rooms do not ha loor and vent in bathroom and the doo Evacuation Procedures Primary: The provider will account child Upon arrival the pro- 1 door 0 windows) or pdates. Iternate: If they could not access the hild is strapped in her seat belt and here to shelter specifically. Once secur- are Hours:	the ERTG and she and the child will shelter in the ave any windows. If the need should arise the provi r in the closet. The provider will text the parent with d and grab the ERTG, The provider will ensure the vider will door 1 window). Once secured the provider v primary location, the provider will account child an Upon arrival the provider will	bathroom (1 door 0 windows) and/or closet (1 der will use sealing plastic and tape to seal the nemergency updates. child is strapped in her seat belt and drive to e provider and child would take shelter in the vill call or text the parent with emergency d grab the ERTG, The provider will ensure the receive instruction from the
toor 0 windows). Both rooms do not had toor and vent in bathroom and the door evacuation Procedures primary: The provider will account child Upon arrival the pro- 1 door 0 windows) or pdates. Alternate: If they could not access the hild is strapped in her seat belt and where to shelter specifically. Once secu are Hours:	the ERTG and she and the child will shelter in the ave any windows. If the need should arise the provi r in the closet. The provider will text the parent with d and grab the ERTG, The provider will ensure the vider will door 1 window). Once secured the provider will door 1 window). Once secured the provider will primary location, the provider will account child an Upon arrival the provider will red the provider will call or text the parent with em	bathroom (1 door 0 windows) and/or closet (1 der will use sealing plastic and tape to seal the nemergency updates. child is strapped in her seat belt and drive to the provider and child would take shelter in the vill call or text the parent with emergency d grab the ERTG, The provider will ensure the receive instruction from the about ergency updates.
bescription of how the Emergency Real helter In Place Procedure: the provider will gather the child, grab oor 0 windows). Both rooms do not ha oor and vent in bathroom and the doo vacuation Procedures rimary: The provider will account child Upon arrival the pro- 1 door 0 windows) or 1 door 0 windo	the ERTG and she and the child will shelter in the ave any windows. If the need should arise the provi r in the closet. The provider will text the parent with d and grab the ERTG, The provider will ensure the vider will door 1 window). Once secured the provider will door 1 window). Once secured the provider will primary location, the provider will account child an Upon arrival the provider will red the provider will call or text the parent with em	bathroom (1 door 0 windows) and/or closet (1 der will use sealing plastic and tape to seal the nemergency updates. child is strapped in her seat belt and drive to the provider and child would take shelter in the vill call or text the parent with emergency d grab the ERTG, The provider will ensure the receive instruction from the about ergency updates.
Description of how the Emergency Real Shelter In Place Procedure: The provider will gather the child, grab oor 0 windows). Both rooms do not has oor and vent in bathroom and the door vacuation Procedures rimary: The provider will account child Upon arrival the pro- 1 door 0 windows) or 1 door 0 win	the ERTG and she and the child will shelter in the ave any windows. If the need should arise the provider in the closet. The provider will text the parent with d and grab the ERTG, The provider will ensure the vider will door 1 window). Once secured the provider will door 1 window). Once secured the provider will primary location, the provider will account child an Upon arrival the provider will red the provider will call or text the parent with em	bathroom (1 door 0 windows) and/or closet (1 der will use sealing plastic and tape to seal the nemergency updates. child is strapped in her seat belt and drive to the provider and child would take shelter in the vill call or text the parent with emergency d grab the ERTG, The provider will ensure the receive instruction from the about ergency updates.
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Description of how the Emergency Real Shelter In Place Procedure: The provider will gather the child, grab foor 0 windows). Both rooms do not have oor and vent in bathroom and the doo wacuation Procedures trimary: The provider will account child Upon arrival the pro- 1 door 0 windows) or 1 door 0 windows) or podates. Iternate: If they could not access the hild is strapped in her seat belt and here to shelter specifically. Once secund are Hours: gnatures & Date knowledgement: By signing below the pro- ten discussed. The parties also acknow pup visit which will be conducted virtual	the ERTG and she and the child will shelter in the ave any windows. If the need should arise the provi- ir in the closet. The provider will text the parent with d and grab the ERTG, The provider will ensure the vider will door 1 window). Once secured the provider v door 1 window). Once secured the provider v primary location, the provider will account child an Upon arrival the provider will red the provider will call or text the parent with em ledge that, if approved, the home in which care is ally or in-person.	bathroom (1 door 0 windows) and/or closet (1 der will use sealing plastic and tape to seal the nemergency updates. child is strapped in her seat belt and drive to the provider and child would take shelter in the vill call or text the parent with emergency d grab the ERTG, The provider will ensure the receive instruction from the shelt and the ergency updates.

A

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 5/29/2025/12pm/90minutes	INSI	PECTION TYPE		AGES	Total Approved	# Scholarship	# Present	Resident Children
APPLICANT ID:	\checkmark	Initial Application		0-23 months	I	I	I	
N/A		Renewal Application		2 year olds				
PROVIDER ID:		Complaint Investigation		3 year olds				
580220		Monitoring		4 year olds				
APPLICATION DATE:		Other		5's (pre-school)	I	I	0	
04/22/2025			_	5-12 (school age)	I	I	0	
COUNTY:		Follow-Up		13-19 year olds				
Baltimore City				TOTAL	3	3	I	
				Overnight	0	0	0	

FATALITY: N/A	SERIOUS INJURY:			COMPLAINT #:	
INFORMAL PROVIDER PHOTO ID VERIFIED:	Yes	No	ID TYPE: Passport		EXP. DATE: 09/11/2028
CARE LOCATION: O Child's H	ome O Info	ormal Child Care Prov	rider's Home	•	, ,
CARE TYPE: Relative	Informal Child Care	Non-Rela	tive Informal	Child Care	
INFORMAL PROVIDER NAME: Carene An	derson				
PERSON(S) INTERVIEWED: Carene An	derson				

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

Part 1 – Safety of Home							
C 1	. Health & Safety Training (Basic 3 hrs. & the Annual Update)	C k) Has first aid kit/supplies					
2	. Home is free of health and safety hazards	C I) Has protective coverings on accessible electrical outlets					
С	a) Is in good repair	3. Harmful items are stored appropriately and away from children					
С	b) Is free of insect or rodent infestation	C a) Sharp or pointed items					
С	c) Is well-lit and well-ventilated	C b) Medications of any kind should be stored					
С	d) Has hot and cold running water	C c) Matches lighters and flammable products					
С	e) Has a working inside toilet	C d) Alcoholic beverages					
С	f) Has utilities for cooking, lighting and heating	C e) Weapons and firearms					
С	g) Has a working and safe heating system	C f) Cannabis edibles, smoking and vaping paraphernalia and by products					
С	h) Has a working refrigerator and stove	C g) Cleaning agents					
С	i) Has a working telephone	C h) Poisonous substances					
С	j) Has operational smoke and carbon-monoxide detector(s)	C i) Interior environmental hazards					

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
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<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

Part 2 – General Cleanliness							
С	4.	All areas of the home are kept clean, including diapering area.	9.	Re	est Area and Furnishings		
С	5.	Trash garbage and wet or soiled diapers are disposed of in a sanitary manner.	C	a)			
С	6.		C C	b) c)	Infant/toddler rest furnishings Crib safety		
С	7.	Diapering procedures are followed.	С	d)	Individual rest place		
	8.	Handwashing procedures are followed.		e)	The provider shall provide furnishings for each child approved for care in the home.		
С		a) Toileting	С		ei) Younger than 12 months old, a crib, portable crib, or playpen		
С		b) Diapering	С		eii) At least 12 months old and younger than 5 years old, a bed, cot, mat, or sleeping bag		
С		c) Food preparation and eating					
С		d) After playing outdoors					
С		e) Preventing the spread of disease					

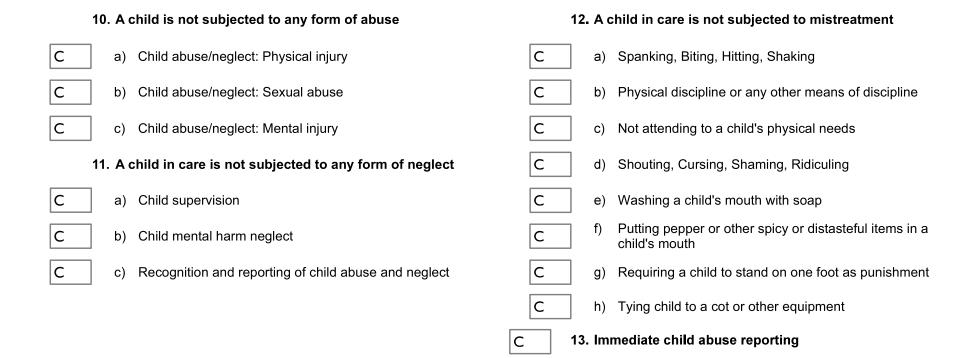
All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
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Part 3 – Child Abuse, Neglect and Mistreatment Standards

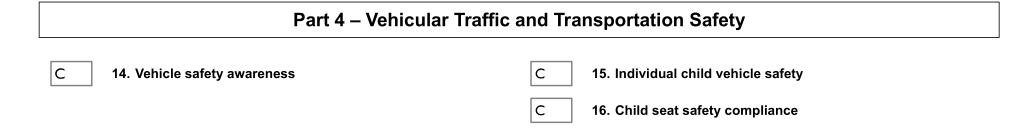


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Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
 - 3. Enter finding notes as appropriate.

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Part 5 – Outdoor Activity Area

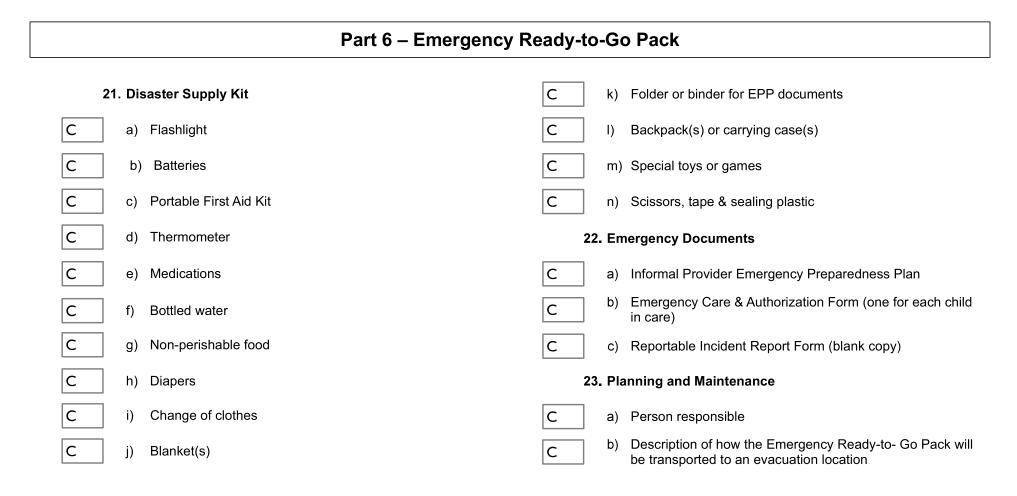
17. Safe outdoor play area С 20. Pool Safety С 18. Enclosed safe play area С a) 4 ft. fence that surrounds the pool b) Self-closing and self-latching mechanism on the С 19. Traffic and congested areas assessment С entry/exit way c) Secured Lock С С d) Sensor or alarm on the access door

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

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All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

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- 2. Select the Standard that requires documentation and enter the compliance status.
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Part 7 – Health & Safety Review							
C 24. Shelter in Place	C 31. Health & Safety Review: Premises safety, hazard protection						
C 25. Lockdown (partial & full)	C 32. Emergency response planning						
26. Home is free of health and safety hazards	C 33. Food allergy emergency preparedness						
C a) Primary Evacuation Location	C 34. Hazardous materials management						
C b) Alternate Evacuation Location	C 35. Prevention and control of infectious diseases (including immunization)						
C 27. Infant sleep safety	C 36. Pediatric first-aid and CPR						
C 28. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	C 37. Appropriate precautions in transporting children						
C 29. Recognition and reporting of child abuse and neglect	C 38. Substance-free child care environment						
C 30. Health & Safety Review: Administration of medication,							

consistent with standards for parental consent

Hudeson

Date

Signature of Informal Child Care Provider

Date

Sign and upload form to

PROVIDER PORTAL

Liliana Martinez

05/29/2025

Signature of Agency Representative Liliana Martinez

Date

Time Out: 05/29/2025

Time

13:35

Date	Start Time	End Time	Duration	Follow-Up
05/29/2025	12:00	13:35	90	
			1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	

Total Duration: 90 Minutes

SUMMARY OF CORRECTION

PROVIDER ID:	APPLICANT ID:	ZIP CODE:	COUNTY:					
580220	80220 N/A 21215		Baltimore City					
INFORMAL PROVIDER NAME:		CARE LOCATION:						
Carene Anderson		Child's H	ome Informal Child Care Provider's Home					
PERSON(S) INTERVIEWED:								
Carene Anderson	Carene Anderson							
VISIT TYPE:		INSPECTION TIME/DATE/DURATION:						
Initial Application		5/29/2025/12pm/90minut	ces					

The following Summary of Correction has been submitted to the Child Care Scholarship Program (CCSP) in response to non-compliances found during a recent inspection. CCSP has either observed the following corrections or reviewed the submitted summary of correction(s) and has made a determination as follows:

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
	ALL STANDARDS WERE MET		

Liliana Martinez	05/25	Complete	Includes overflow page		
Signature of Agency Representative	Date			ICCP Form SOC108c	
Liliana Martinez					

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 5-20-2025/3:00pm/86 minutes	INSI	INSPECTION TYPE		Total Approved	# Scholarship	# Present	Resident Children
APPLICANT ID:	1	Initial Application	0-23 months	1	1	1	
-		Renewal Application	2 year olds				
PROVIDER ID:		Complaint Investigation	3 year olds				
579078		Monitoring	4 year olds				
APPLICATION DATE:		Other	5's (pre-school)				
04/07/2025		1	5-12 (school age)				
COUNTY:		Follow-Up	13-19 year olds				
Howard County			TOTAL	1	1	1	
noward county			Overnight				

FATALITY:	SERIOUS INJURY:		COMPLAINT #:			
N/A	N/A	٢	N/A			
INFORMAL PROVIDER PHOTO ID VERIFIED:	Yes No	ID TYPE: Driver's Lic	ense	EXP. DATE: 1/28/2028		
CARE LOCATION: Child's He	ome Informal Child Care Prov	vider's Home				
CARE TYPE: Relative Informal Child Care Non-Relative Informal Child Care						
INFORMAL PROVIDER NAME: Stella Anderson						
PERSON(S) INTERVIEWED: Stella Anderson & Imani Louden						

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

Part 1 – Safety of Home							
C 1.	Health & Safety Training (Basic 3 hrs. & the Annual Update)	С	k) Has first aid kit/supplies				
2.	Home is free of health and safety hazards	С	I) Has protective coverings on accessible electrical outlets				
С	a) Is in good repair	3.	 Harmful items are stored appropriately and away from children 				
С	b) Is free of insect or rodent infestation	С	a) Sharp or pointed items				
С	c) Is well-lit and well-ventilated	С	b) Medications of any kind should be stored				
С	d) Has hot and cold running water	С	c) Matches lighters and flammable products				
С	e) Has a working inside toilet	С	d) Alcoholic beverages				
С	f) Has utilities for cooking, lighting and heating	С	e) Weapons and firearms				
С	g) Has a working and safe heating system	С	 f) Cannabis edibles, smoking and vaping paraphernalia and by products 				
С	h) Has a working refrigerator and stove	С	g) Cleaning agents				
С	i) Has a working telephone	С	h) Poisonous substances				
С	j) Has operational smoke and carbon-monoxide detector(s)	С	i) Interior environmental hazards				

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

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Part 2 – General Cleanliness						
С	4.	All areas of the home are kept clean, including diapering area.	9. Rest Area and Furnishings			
С	5.	Trash garbage and wet or soiled diapers are disposed	C a) SIDS prevention review			
	•	of in a sanitary manner.	C b) Infant/toddler rest furnishings			
С	6.	Children are changed immediately when they have a soiled or wet diaper, clothing or bedding.	C c) Crib safety			
С	7.	Diapering procedures are followed.	C d) Individual rest place			
	8.	Handwashing procedures are followed.	 e) The provider shall provide furnishings for each child approved for care in the home. 			
С		a) Toileting	ei) Younger than 12 months old, a crib, portable crib,			
С		b) Diapering	Cor playpenCeii) At least 12 months old and younger than 5 years old, a bed, cot, mat, or sleeping bag			
С		c) Food preparation and eating				
С		d) After playing outdoors				
С		e) Preventing the spread of disease				

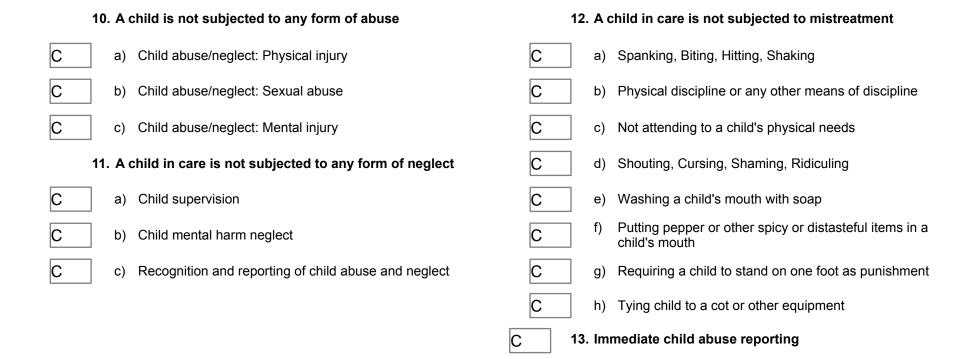
All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
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Part 3 – Child Abuse, Neglect and Mistreatment Standards

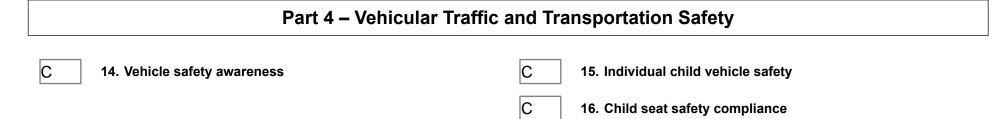


All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

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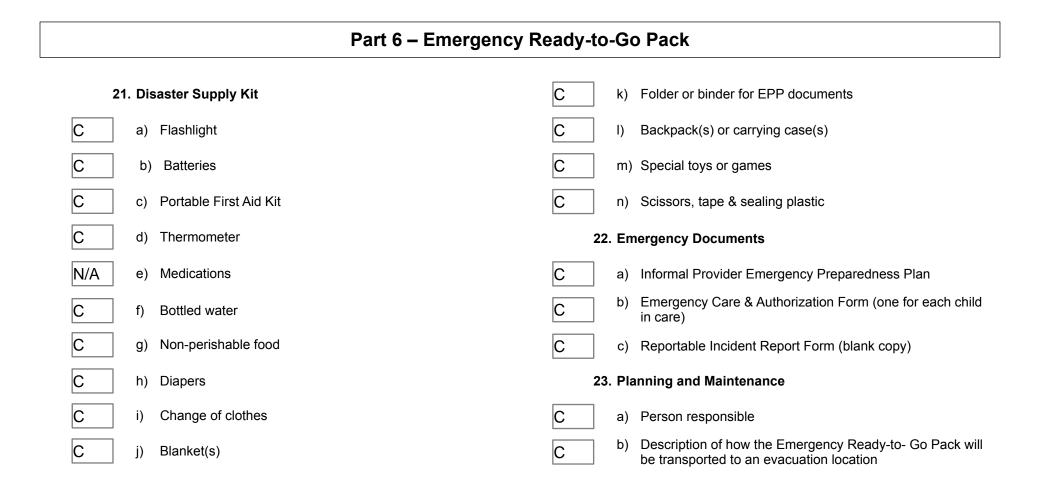
Part 5 – Outdoor	Activity Area
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17. Safe outdoor play area С 20. Pool Safety C a) 4 ft. fence that surrounds the pool C 18. Enclosed safe play area b) Self-closing and self-latching mechanism on the С 19. Traffic and congested areas assessment C entry/exit way С c) Secured Lock C d) Sensor or alarm on the access door

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.



All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
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Part 7 – Health & Safety Review					
C 24. Shelter in Place	C 31. Health & Safety Review: Premises safety, hazard protection				
C 25. Lockdown (partial & full)	C 32. Emergency response planning				
26. Home is free of health and safety hazards	C 33. Food allergy emergency preparedness				
C a) Primary Evacuation Location	C 34. Hazardous materials management				
C b) Alternate Evacuation Location	C 35. Prevention and control of infectious diseases (including immunization)				
C 27. Infant sleep safety	C 36. Pediatric first-aid and CPR				
C 28. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	C 37. Appropriate precautions in transporting children				
C 29. Recognition and reporting of child abuse and neglect	C 38. Substance-free child care environment				
C 30. Health & Safety Review: Administration of medication,					

consistent with standards for parental consent



Time Out: 05/20/2025 4:26PM Date

	Т	ime
	I	

Date	Start Time	End Time	Duration	Follow-Up
05/20/2025	3:00 pm	4:26PM	86 minutes	
05/21/2025	2:00 PM	2:08pm	8 minutes	 ✓
	2:00 PM	2:08pm	8 minutes	

Total Duration: 94 minutes

Minutes

Informal Child Care Inspection FOLLOW-UP INSPECTION REPORT

Review and sign at time of a follow-up inspection to address any noncompliances

INSPECTION TYPE:	AGES	Total	# Sabalarahin	# Brogont	Resident Children
Initial Follow-Up Inspection		Approved	Scholarship	Fleseni	Children
APPLICANT ID:	6 months	1	1	1	
-					
PERSON(S) INTERVIEWED:					
Stella Anderson					
	InitialFollow-Up InspectionAPPLICANT ID:-PERSON(S) INTERVIEWED:	Initial Follow-Up Inspection AGES APPLICANT ID: 6 months - PERSON(S) INTERVIEWED:	Initial Follow-Up Inspection AGES Approved APPLICANT ID: 6 months 1 - PERSON(S) INTERVIEWED: - -	Initial Follow-Up Inspection APPLICANT ID: - PERSON(S) INTERVIEWED:	Initial Follow-Up Inspection AGES Approved Scholarship Present APPLICANT ID: - 6 months 1 1 1 PERSON(S) INTERVIEWED: - - - - -

INFORMAL PROVIDER PHOTO ID VERIFIED:	Yes	No	ID TYPE: Driver's License	EXP. DATE: 1/28/2028
CARE LOCATION: O Child's Home	nformal Child Care	Provider's Home	CARE TYPE: ORelative Car	e O Non-Relative Care

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

	Standard #	Inspection #	Standard Description				
С	IIS.P1.2.I	21	Safety of the Home, Home is fre	Safety of the Home, Home is free of health and safety hazards: Has protective coverings on any electrical outlet that is accessible to children			
	۸C						
		\neg		Sign and upload form to	Includes overflow page		
	<u> </u>	$\rightarrow \uparrow$	05/21/2	PROVIDER PORTAL	Blessen Harris	05/21/202	
	ure of Informal C	hild Care Prov	vider Date		Signature of Agency Representative	Date	
ICCP Form IR			_		Blessen Harris	Page 9	

SUMMARY OF CORRECTION

PROVIDER ID:	APPLICANT ID:	ZIP CODE:	COUNTY:
579078	-	21044	Howard County
INFORMAL PROVIDER NAME:		CARE LOCATION:	
Stella Anderson		Child's H	ome Informal Child Care Provider's Home
PERSON(S) INTERVIEWED:			
Stella Anderson & Imani L	ouden		
VISIT TYPE:		INSPECTION TIME/DATE/DURATION:	
Initial Application		3:00pm/5-20-2025/86 mi	nutes

The following Summary of Correction has been submitted to the Child Care Scholarship Program (CCSP) in response to non-compliances found during a recent inspection. CCSP has either observed the following corrections or reviewed the submitted summary of correction(s) and has made a determination as follows:

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
IIS.P1.2.I	Safety of the Home, Home is free of health and safety hazards: Has protective coverings on any electrical outlet that is accessible to children	Outlet covers were put on the exposed outlets	05/21/2025

Blessen Harris	05/25	Complete	Includes overflow page	
Signature of Agency Representative	Date			ICCP Form SOC108c
Blessen Harris				

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 5/29/2025/12pm/90minutes		PECTION TYPE		AGES	Total Approved	# Scholarship	# Present	Resident Children
APPLICANT ID:	\checkmark	Initial Application		0-23 months	I	I	I	
N/A		Renewal Application		2 year olds				
PROVIDER ID:		Complaint Investigation		3 year olds				
580220		Monitoring		4 year olds				
APPLICATION DATE:		Other		5's (pre-school)	I	I	0	
04/22/2025			_	5-12 (school age)	I	I	0	
COUNTY:		Follow-Up		13-19 year olds				
Baltimore City				TOTAL	3	3	I	
				Overnight	0	0	0	

FATALITY: N/A	SERIOUS INJURY:			COMPLAINT #:	
INFORMAL PROVIDER PHOTO ID VERIFIED:	Yes	No	ID TYPE: Passport		EXP. DATE: 09/11/2028
CARE LOCATION: O Child's H	ome O Info	ormal Child Care Prov	rider's Home	•	, ,
CARE TYPE: Relative Informal Child Care Non-Relative Informal Child Care					
INFORMAL PROVIDER NAME: Carene Anderson					
PERSON(S) INTERVIEWED: Carene Anderson					

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

	Part 1 – Safety of Home						
C 1	. Health & Safety Training (Basic 3 hrs. & the Annual Update)	C k) Has first aid kit/supplies					
2	. Home is free of health and safety hazards	C I) Has protective coverings on accessible electrical outlets					
С	a) Is in good repair	3. Harmful items are stored appropriately and away from children					
С	b) Is free of insect or rodent infestation	C a) Sharp or pointed items					
С	c) Is well-lit and well-ventilated	C b) Medications of any kind should be stored					
С	d) Has hot and cold running water	C c) Matches lighters and flammable products					
С	e) Has a working inside toilet	C d) Alcoholic beverages					
С	f) Has utilities for cooking, lighting and heating	C e) Weapons and firearms					
С	g) Has a working and safe heating system	C f) Cannabis edibles, smoking and vaping paraphernalia and by products					
С	h) Has a working refrigerator and stove	C g) Cleaning agents					
С	i) Has a working telephone	C h) Poisonous substances					
С	j) Has operational smoke and carbon-monoxide detector(s)	C i) Interior environmental hazards					

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

Part 2 – General Cleanliness					
С	4.	All areas of the home are kept clean, including diapering area.	9.	Re	est Area and Furnishings
С	5.	Trash garbage and wet or soiled diapers are disposed of in a sanitary manner.	C	a)	
С	6.		C C	b) c)	Infant/toddler rest furnishings Crib safety
С	7.	Diapering procedures are followed.	С	d)	Individual rest place
	8.	Handwashing procedures are followed.		e)	The provider shall provide furnishings for each child approved for care in the home.
С		a) Toileting	С		ei) Younger than 12 months old, a crib, portable crib, or playpen
С		b) Diapering	С		eii) At least 12 months old and younger than 5 years old, a bed, cot, mat, or sleeping bag
С		c) Food preparation and eating			
С		d) After playing outdoors			
С		e) Preventing the spread of disease			

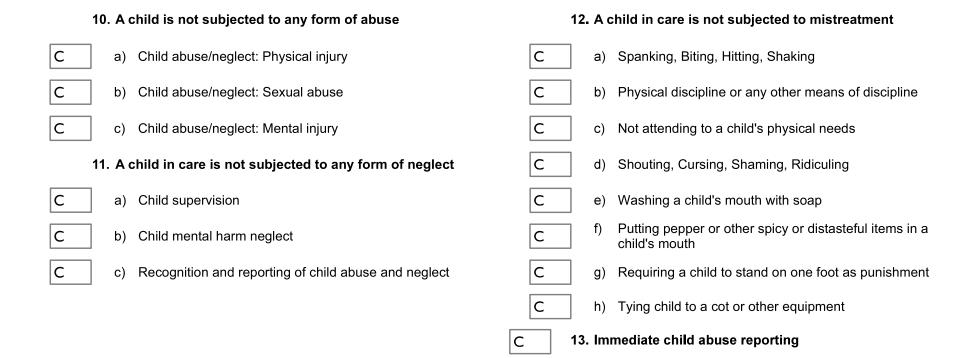
All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

Part 3 – Child Abuse, Neglect and Mistreatment Standards

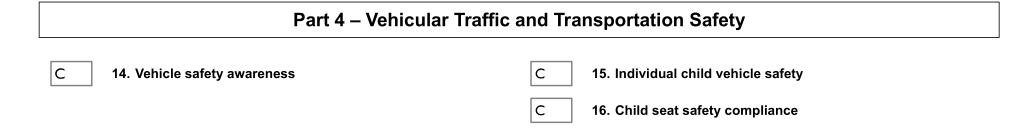


All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
 - 3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable



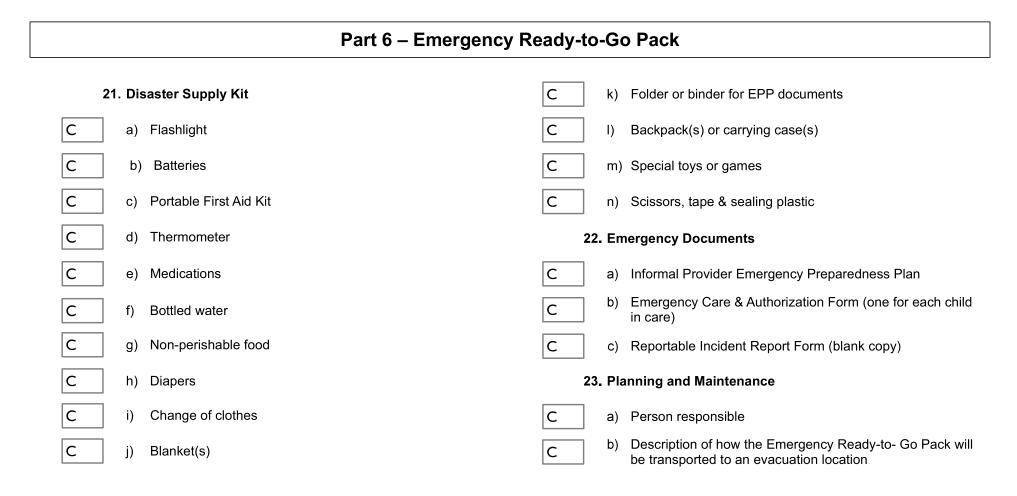
Part 5 – Outdoor Activity Area

17. Safe outdoor play area С 20. Pool Safety С 18. Enclosed safe play area С a) 4 ft. fence that surrounds the pool b) Self-closing and self-latching mechanism on the С 19. Traffic and congested areas assessment С entry/exit way c) Secured Lock С С d) Sensor or alarm on the access door

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.



All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

Part 7 – Health & Safety Review				
C 24. Shelter in Place	C 31. Health & Safety Review: Premises safety, hazard protection			
C 25. Lockdown (partial & full)	C 32. Emergency response planning			
26. Home is free of health and safety hazards	C 33. Food allergy emergency preparedness			
C a) Primary Evacuation Location	C 34. Hazardous materials management			
C b) Alternate Evacuation Location	C 35. Prevention and control of infectious diseases (including immunization)			
C 27. Infant sleep safety	C 36. Pediatric first-aid and CPR			
C 28. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	C 37. Appropriate precautions in transporting children			
C 29. Recognition and reporting of child abuse and neglect	C 38. Substance-free child care environment			
C 30. Health & Safety Review: Administration of medication,				

consistent with standards for parental consent

Hudeson

Date

Signature of Informal Child Care Provider

Date

Sign and upload form to

PROVIDER PORTAL

Liliana Martinez

05/29/2025

Signature of Agency Representative Liliana Martinez

Date

Time Out: 05/29/2025

Time

13:35

Date	Start Time	End Time	Duration	Follow-Up
05/29/2025	12:00	13:35	90	
			1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	

Total Duration: 90 Minutes

SUMMARY OF CORRECTION

PROVIDER ID:	APPLICANT ID:	ZIP CODE:	COUNTY:
580220	N/A	21215	Baltimore City
INFORMAL PROVIDER NAME:		CARE LOCATION:	
Carene Anderson		Child's H	ome Informal Child Care Provider's Home
PERSON(S) INTERVIEWED:			
Carene Anderson			
VISIT TYPE:		INSPECTION TIME/DATE/DURATION:	
Initial Application		5/29/2025/12pm/90minut	ces

The following Summary of Correction has been submitted to the Child Care Scholarship Program (CCSP) in response to non-compliances found during a recent inspection. CCSP has either observed the following corrections or reviewed the submitted summary of correction(s) and has made a determination as follows:

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
	ALL STANDARDS WERE MET		

Liliana Martinez	05/25	Complete	Includes overflow page	
Signature of Agency Representative	Date			ICCP Form SOC108c
Liliana Martinez				

INFORMAL CHILD CARE INSPECTION REPORT

INSPECTION DATE/TIME/DURATION: 5-20-2025/3:00pm/86 minutes	INSI	PECTION TYPE	AGES	Total Approved	# Scholarship	# Present	Resident Children
APPLICANT ID:	1	Initial Application	0-23 months	1	1	1	
-		Renewal Application	2 year olds				
PROVIDER ID:		Complaint Investigation	3 year olds				
579078		Monitoring	4 year olds				
APPLICATION DATE:		Other	5's (pre-school)				
04/07/2025		1	5-12 (school age)				
COUNTY:		Follow-Up	13-19 year olds				
Howard County			TOTAL	1	1	1	
noward county			Overnight				

FATALITY:	SERIOUS INJURY:		COMPLAINT #:	
N/A	N/A	٢	J/A	
INFORMAL PROVIDER PHOTO ID VERIFIED:	Yes No	ID TYPE: Driver's Lic	ense	EXP. DATE: 1/28/2028
CARE LOCATION: Child's He	ome Informal Child Care Prov	vider's Home		
CARE TYPE: Relative I	nformal Child Care Non-Rela	itive Informal (Child Care	
INFORMAL PROVIDER NAME: Stella Anderson				
PERSON(S) INTERVIEWED: Stella Anderson & Imani Louden				

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

Part 1 – Safety of Home					
C 1.	Health & Safety Training (Basic 3 hrs. & the Annual Update)	С	k) Has first aid kit/supplies		
2.	Home is free of health and safety hazards	С	I) Has protective coverings on accessible electrical outlets		
С	a) Is in good repair	3.	 Harmful items are stored appropriately and away from children 		
С	b) Is free of insect or rodent infestation	С	a) Sharp or pointed items		
С	c) Is well-lit and well-ventilated	С	b) Medications of any kind should be stored		
С	d) Has hot and cold running water	С	c) Matches lighters and flammable products		
С	e) Has a working inside toilet	С	d) Alcoholic beverages		
С	f) Has utilities for cooking, lighting and heating	С	e) Weapons and firearms		
С	g) Has a working and safe heating system	С	 f) Cannabis edibles, smoking and vaping paraphernalia and by products 		
С	h) Has a working refrigerator and stove	С	g) Cleaning agents		
С	i) Has a working telephone	С	h) Poisonous substances		
С	j) Has operational smoke and carbon-monoxide detector(s)	С	i) Interior environmental hazards		

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

Part 2 – General Cleanliness				
С	4.	All areas of the home are kept clean, including diapering area.	9. Rest Area and Furnishings	
С	5. Trash garbage and wet or soiled diapers are disposed	C a) SIDS prevention review		
	•	of in a sanitary manner.	C b) Infant/toddler rest furnishings	
С	6.	Children are changed immediately when they have a soiled or wet diaper, clothing or bedding.	C c) Crib safety	
С	7.	Diapering procedures are followed.	C d) Individual rest place	
	8.	Handwashing procedures are followed.	 e) The provider shall provide furnishings for each child approved for care in the home. 	
С		a) Toileting	ei) Younger than 12 months old, a crib, portable crib,	
С		b) Diapering	C or playpen eii) At least 12 months old and younger than 5 years old, a bed, cot, mat, or sleeping bag	
С		c) Food preparation and eating		
С		d) After playing outdoors		
С		e) Preventing the spread of disease		

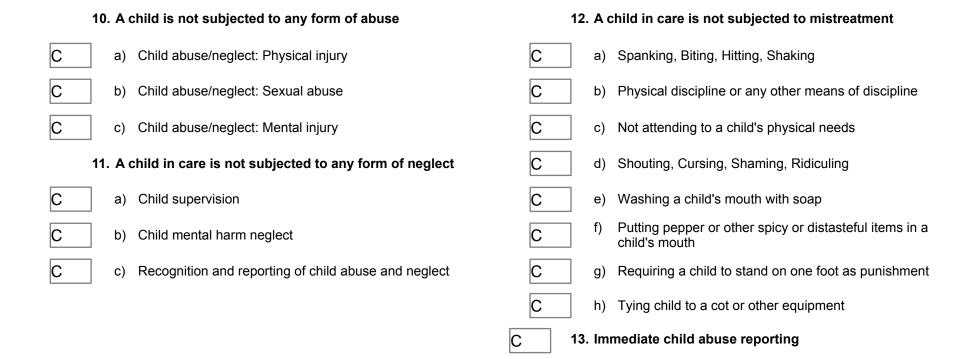
All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
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Part 3 – Child Abuse, Neglect and Mistreatment Standards

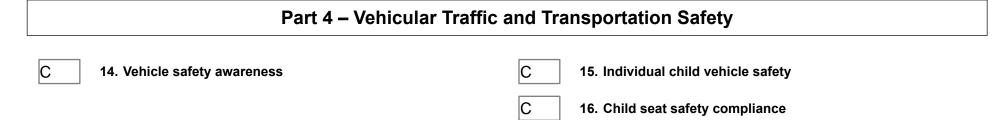


All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
 - 3. Enter finding notes as appropriate.

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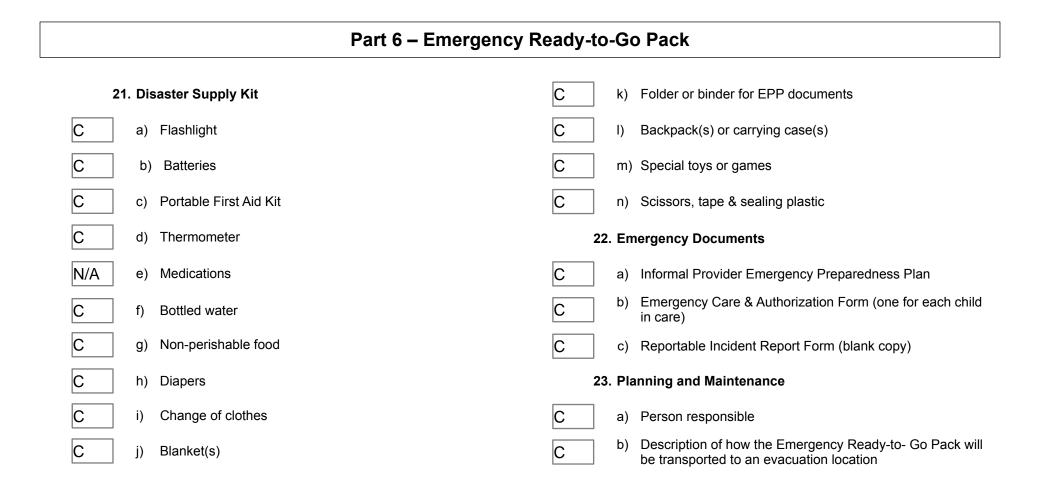
Part	5 – O	utdoor	Activity	Area
------	-------	--------	----------	------

17. Safe outdoor play area С 20. Pool Safety 18. Enclosed safe play area C a) 4 ft. fence that surrounds the pool C b) Self-closing and self-latching mechanism on the С 19. Traffic and congested areas assessment C entry/exit way С c) Secured Lock C d) Sensor or alarm on the access door

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.



All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

Instructions: 1. Review each Standard that applies to the Inspection being conducted.

- 2. Select the Standard that requires documentation and enter the compliance status.
- 3. Enter finding notes as appropriate.

<u>C</u> = In Compliance, <u>D</u> = Discussed, <u>N</u> = Not in Compliance, <u>X</u> = Not Inspected, <u>NA</u> = Not Applicable

Part 7 – Health & Safety Review				
C 24. Shelter in Place	C 31. Health & Safety Review: Premises safety, hazard protection			
C 25. Lockdown (partial & full)	C 32. Emergency response planning			
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C a) Primary Evacuation Location	C 34. Hazardous materials management			
C b) Alternate Evacuation Location	C 35. Prevention and control of infectious diseases (including immunization)			
C 27. Infant sleep safety	C 36. Pediatric first-aid and CPR			
C 28. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment	C 37. Appropriate precautions in transporting children			
C 29. Recognition and reporting of child abuse and neglect	C 38. Substance-free child care environment			
C 30. Health & Safety Review: Administration of medication,				

consistent with standards for parental consent



Time Out: 05/20/2025 4:26PM Date

	Т	ime
	I	

Date	Start Time	End Time	Duration	Follow-Up
05/20/2025	3:00 pm	4:26PM	86 minutes	
05/21/2025	2:00 PM	2:08pm	8 minutes	 ✓
	2:00 PM	2:08pm	8 minutes	

Total Duration: 94 minutes

Minutes

Informal Child Care Inspection FOLLOW-UP INSPECTION REPORT

Review and sign at time of a follow-up inspection to address any noncompliances

INSPECTION TYPE:	AGES	Total	# Sabalarahin	# Brogont	Resident Children
Initial Follow-Up Inspection		Approved	Scholarship	Fleseni	Children
APPLICANT ID:	6 months	1	1	1	
-					
PERSON(S) INTERVIEWED:					
Stella Anderson					
	InitialFollow-Up InspectionAPPLICANT ID:-PERSON(S) INTERVIEWED:	Initial Follow-Up Inspection AGES APPLICANT ID: 6 months - PERSON(S) INTERVIEWED:	Initial Follow-Up Inspection AGES Approved APPLICANT ID: 6 months 1 - PERSON(S) INTERVIEWED: - -	Initial Follow-Up Inspection APPLICANT ID: - PERSON(S) INTERVIEWED:	Initial Follow-Up Inspection AGES Approved Scholarship Present APPLICANT ID: - 6 months 1 1 1 PERSON(S) INTERVIEWED: - - - - -

INFORMAL PROVIDER PHOTO ID VERIFIED:	Yes	No	ID TYPE: Driver's License	EXP. DATE: 1/28/2028
CARE LOCATION: O Child's Home	nformal Child Care	Provider's Home	CARE TYPE: ORelative Car	e O Non-Relative Care

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

	Standard #	Inspection #	Standard Description					
С	IIS.P1.2.I	21	Safety of the Home, Home is fre	Safety of the Home, Home is free of health and safety hazards: Has protective coverings on any electrical outlet that is accessible to children				
	۸C							
		\neg		Sign and upload form to	Includes overflow page			
	<u> </u>	$\rightarrow \uparrow$	05/21/2	PROVIDER PORTAL	Blessen Harris	05/21/202		
	ure of Informal C	hild Care Prov	vider Date		Signature of Agency Representative	Date		
ICCP Form IR			_		Blessen Harris	Page 9		

SUMMARY OF CORRECTION

PROVIDER ID:	APPLICANT ID:	ZIP CODE:	COUNTY:
579078	-	21044	Howard County
INFORMAL PROVIDER NAME:		CARE LOCATION:	
Stella Anderson		Child's H	ome Informal Child Care Provider's Home
PERSON(S) INTERVIEWED:			
Stella Anderson & Imani L	ouden		
VISIT TYPE:		INSPECTION TIME/DATE/DURATION:	
Initial Application	lication 3:00pm/5-20-2025/86 minutes		

The following Summary of Correction has been submitted to the Child Care Scholarship Program (CCSP) in response to non-compliances found during a recent inspection. CCSP has either observed the following corrections or reviewed the submitted summary of correction(s) and has made a determination as follows:

All Informal Child Care inspection standards herein are governed by COMAR #: 13A.14.06.11.F.12(b).

STANDARD NUMBER	STANDARD TEXT	SUMMARY OF CORRECTION	DATE OF CORRECTION
IIS.P1.2.I	Safety of the Home, Home is free of health and safety hazards: Has protective coverings on any electrical outlet that is accessible to children	Outlet covers were put on the exposed outlets	05/21/2025

Blessen Harris	05/25	Complete	Includes overflow page	
Signature of Agency Representative	Date			ICCP Form SOC108c
Blessen Harris				

⊠Virtual Inspection ⊡In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST				Return to: ccs.informalproviders@maryland.gov		
Inspection Date: 2/12/2025	Time In: 1:30pm	Time Out: 2:4	8pm	Res	ult: Foll	low up needed	
Inspection Date: 2/13/2025	Time In: 1:30pm	Time Out: 1:4	0PM	Res	ult: Pas	ssed	
Informal Care			L				
Type of Care (check one):	Non-relative Inf	formal Provider Ca	are ⊠Relative	e Informal P	Provide	r Care	
Provider Information							
First Name: Joyce	Last	Name: Appiah		Prov	ider ID	: 573287	
Provider ID #:	Lust	Name. Applan		Ema	il:		
Care Location Inspected							
Street Address: Address Verified?: Yes	City:	Count	Y:		State	Zip Code:	
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	1	Present (Y/N)	
			4/4/2024	10month	ns/Y		
Safety of the Home							
	nd determine compliance						
Additional pages may	be used for comments.	•		D - Discus	sed, n	/a – Not Applicable	
Health and Safety Training			Standard Met Y/N	Commen		es on /Timeframe if needed	
Basic Health and Sa	afety Training Complet	ed?	Y				
Home is free of health and	safety hazards:		Standard Met Y/N	Commen		es on /Timeframe if needed	
Is in good repair			Y				
Is free of insect or re	odent infestation		Y				
 Is well-lit and well-vell-vell-vell-vell-vell-vell-vell-	entilated		Y				
 Has hot and cold run 	nning water		Y				
 Has a working inside 	e toilet		Y				
Has utilities for cook	ing, lighting and heating	ng	Y				
 Has a working and s 	afe heating system		Y				
 Has a working refrig 	erator and stove		Y				
 Has a working telept 			Y				
 Has operational smo 	and the second se		Ŷ				
 Has first aid kit/supp 			Y				
 Has protective cover accessible to childre 	ings on any electrical n	outlet that is	Y				
Harmful items are stored ap children:	propriately and away	y from	Standard Met Y/N	Comment Correctiv		s on /Timeframe if needed	
 Sharp or pointed iter 	ns		Y				
 Medications of any k 	ind		Y				
 Matches, lighters and 	flammable products		Y				
Alcoholic beverages			Y				
			Y				
Guns			Y				
Guns Cleaning agents							
	35		Y				
Cleaning agents				Comment Correctiv		s on /Timeframe if needed	

MSDE OCC Informal Care Inspection Checklist 2020-03-26

rash, garbage and wet and soiled diapers are disposed of in a anitary manner.	Y	
child is changed immediately when s/he has a soiled or wet haper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
 Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury 	Y	
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Init.	Y	

Emergency Ready-to-Go Pack a second se A CONTRACTOR OF A CONTRACT OF ne states in the state and the The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. **Disaster Supply Kit** Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. **⊠Flashlight** Bottled water Section Folder or binder for EPP documents Batteries Non-perishable food Backpack(s) or carrying case(s) Portable First Aid Kit ⊠Diapers Consider special toys or games Heavy Duty Scissors, Duct Tape/

Change of clothes

Medications Blanket(s)

MSDE OCC Informal Care Inspection Checklist 2020-03-26

⊠ Thermometer

Packing Tape & Sealing Plastic/ Trash

Bags

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N	1)? Y				
Emergency Ready-to-Go Pack is available and easily accessible in the	e event of an emergency (Y/N)?	Y			
Location of Emergency Ready to go Pack: Living room Item Specification (if needed): To be observed for compliance on 2/13/2025 @ 1:30pm : Medication Cleaning Supply Flashlight Flashlight Thermometer Scissors					
Emergency Documents					
Informal Provider Emergency Preparedness Plan (this com	pleted form)				
Authorization for emergency medical care					
Planning and Maintenance					
Person responsible for updating the Disaster Supply Kit and the Em	ergency Documents regularly:				
First Name Joyce Last Name Appia	h				
Description of how the Emergency Ready-to-Go Pack will be transp <u>Shelter In Place Procedures:</u> The Provider will gather the ready to go bag and the children, take to will contact parent before, during and after sheltering. <u>Evacuation Procedures:</u> The Provider will gather the children and the ready to go bag, they to provider will travel to <u>solution</u> gaining access The Provider will gather the children and the ready to go bag, they to provider will gather the children and the ready to go bag, they to provider will gather the children and the ready to go bag, they to provider will gather the children and the ready to go bag, they to provider will contact parent before, during and after sheltering. <u>CARE HOURS:</u> <u>- Monday-Friday 8am-5pm</u>	hem to the 1 of doc will <u>be traveling</u> child in 1 f doors, # of t	ors, #2 of window(s)). The provider The window(s)). The provider will contact (#2 of doors, # of window(s)). The			
Signatures & Date		1297 -			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.					
PROVIDER	I	ISPECTOR			
Printed Name: Joyce Applah	Printed Name:				
Signature:	Signature:				
Date: 2 13 25 Phone:	Date: 2/13/2025	Phone: 1-877-227-0125			

⊠Virtual Inspection ⊡In-person Inspection	Child	Care Care Scholarsh	olarship Program ccs.informalproviders@maryla			
Inspection Date: 1/9/2025	Time	In: 3:30 pm	Time Out: 4:17 p	pm Result: Passed		
Informal Care						
Type of Care (check one):	Non-relative Info	rmal Provider C	are DRelative	Informal	Provider Care	
Provider Information				dana da		
First Name: Yaw	Last	ame: Appleh		Pro	ovider ID: 531220	
Provider ID #:	Luoti	Contert Appion		En	nail: y	
Care Location Inspected						
Street Address: Address Verified?: Yes	City:		County:		State: Zip Code:	
Name of Children in Care (add pag	es if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)	
			8/13/2011	13 yea	rs old/ Y	
			8/8/2012	12 yea	rs old/ Y	
Safety of the Home				in the second		
Directions: Review and dete	mine sempliance	with each stand	ard Note any comm	oents or co	prrective actions needed	
Additional pages may be use		with each stand	Y – Yes, N – No,	D - Discu	ssed, n/a – Not Applicable	
Health and Safety Training:			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Basic Health and Safety Tr	aining Complete	d?	Y			
Home is free of health and safety	Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
 Is in good repair 			Y			
 Is free of insect or rodent in 	festation		Y			
Is well-lit and well-ventilate	d		Y			
 Has hot and cold running w 	ater		Y			
 Has a working inside toilet 			Y			
 Has utilities for cooking, lig 	hting and heating	9	Y			
 Has a working and safe he 			Y			
 Has a working refrigerator : 	and stove		Y			
Has a working telephone			Y			
Has operational smoke det	ector(s)		Y			
Has first aid kit/supplies		utlat that is				
 Has protective coverings of accessible to children 	n any electrical o	ullet that is	Y			
Harmful items are stored appropr children:	iately and away	from	Standard Met Y/N		nts/Notes ive Action /Timeframe if needed	
Sharp or pointed items			Y			
Medications of any kind			Y	-		
 Matches, lighters and flamm 	mable products		Y			
Alcoholic beverages			Y			
Guns			Y			
Cleaning agents			Y			
Poisonous substances		1.2.2.4.10195	Y Standard Met	Commo	nts/Notes	
GENERAL CLEANLINESS STAND	ARDS		Standard Met Y/N		ive Action /Timeframe if needed	
All areas of the home are kept clean	, including diape	ring area.	Y			

Trash, garbage and wet and solled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a solled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
 Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury 	Y	
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> <u>Department of Social Services Child Protective Services</u> <u>Unit</u> .	Y	

Emergency Ready-to-Go Pack
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit
(including needed medications) and Emergency Documents.
Disaster Supply Kit

Directions: Review and determine t contains enough supplies for each of	hat each item is adequately included in the Disaster hild in care. Also that the items are clean, organized	I, and usable. Comment and note below if needed.
⊠Flashlight	⊠Bottled water	Selder or binder for EPP documents
⊠Batteries	⊠Non-perishable food	\boxtimes Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠⊺hermometer	⊠Change of clothes	☑ Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Tras Bags
⊠ Medications	⊠Blanket(s)	

Items in the Disaster Supply Kit are clean, organ	nized, and usable (Y/N)? Yes
	easily accessible in the event of an emergency (Y/N)? Yes
Location of Emergency Ready to go Pack: In	the youngest child's room
Emergency Documents	
☑ Informal Provider Emergency Prepared ☑ Authorization for emergency medical c	
Planning and Maintenance	
Person responsible for updating the Disaster St First Name Yaw	upply Kit and the Emergency Documents regularly: Last Name Appleh
call/text the parent before, during and after she	eltering. ady to go bag <u>, the children will be holding hands</u> . The provider will (1 doors, 1 window(s)). The provider will
Signatures & Date	
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge that pop up visit which will be conducted virtually or in-	cknowledge that all standards have been reviewed, and any corrections if needed have at, if approved, the home in which care is provided is subject to random, unannounced person.
PROVIDER	INSPECTOR
Printed Name: TAW APPLE	h Printed Name:
Signature:	Signature:

Date: 01/09/2025

Phone:

Date: 01/09/2025

Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST				ccs.informalproviders@maryland.g	
Inspection Date: 10/11/2022		Time	In: 1:45PM	Time Out: 2:45PI		: Failed
Follow up Date: 10/12/2022		Time	In: 1:30PM	Time In: 1:35PM		: Follow Up :: PASSED
Informal Care						
Type of Care (check one):	□ Non-relati	ve Info	rmal Provider Ca	are ⊠Relative	Informal Pro	vider Care
Provider Information						
First Name : Victor Provider ID #:	ť	Last N	lame: Asana		Provid Email:	er ID: 498407
Care Location Inspected					Errian.	
Street Address: 711 Harry S. Address Verified? Yes	. Truman Rd, Ar	ot 101	City: Largo	County: PG Sta	te MD Zip	Code: 20774
Name of Children in Care (a	add pages if need	ed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
		,	-	05/17/2016	6 / No at	schoo
				05/17/2016	6 / No at	schoo
			l.	01/15/2022	9 Mos./ Ye	28
		_				
Safety of the Home				•		
Directions: Review and determ pages may be used for comme		ith eac				ns needed. Additiona l d, n/a – Not Applicable
Health and Safety Training:	:			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Safety Train	ning Completed?	•		Y		Certificate Submitted
Home is free of health and	safety hazards:			Standard Met Y/N	Comments Corrective	s/Notes Action /Timeframe if needed
Is in good repair				Y		
Is free of insect or ro				Y	No sign of	infestation
Is well-lit and well-ve				Y		
 Has hot and cold rul 	nning water			Y	Steam observed	
Has a working inside	e toilet			Y		rved. Cleaning agents must be moved sink to higher cabinet
 Has utilities for cook 	king, lighting and	heating	9	Y		
 Has a working and s 	safe heating syst	em		Y		
 Has a working refrig 	-			Y	Light in fridge must turn on	
 Has a working telep 				Y	Provider's cell called	
 Has operational smoothing 	()			Y		
 Has first aid kit/supp 				Y	Band aids,	Neosporin, Alcohol wipes, gauze
 Has protective cove accessible to childre 		ctrical c	outlet that is	Ŷ		
Harmful items are stored a children:	ppropriately and	Harmful items are stored appropriately and away from		Standard Met	Comments/ Corrective	
Sharp or pointed iter				Y/N		Action /Timeframe if needed
 Medications of any I 	ms			Y/N Y	Moved to hig	
					Moved to hig	gher cabinet
· · ·	kind	ducts		Y		gher cabinet
· · ·	kind nd flammable pro	ducts		Y Y	Upper cabin	gher cabinet
Matches, lighters an	kind nd flammable pro	ducts		Y Y Y	Upper cabin	gher cabinet et

Y Other than medications and cleaning solutions
lard Met Comments/Notes Y/N Corrective Action /Timeframe if needed
Y
Y
Y
Y
Y
lard Met Comments/Notes Y/N Corrective Action /Timeframe if needed
Y
Y
Y
Y
nt of an emergency. This contains a Disaster Supply Kit (includin

-			
	⊠Flashlight	⊠Bottled water	\boxtimes Folder or binder for EPP documents
	⊠Batteries for Flashlight	⊠Non-perishable food	\boxtimes Backpack(s) or carrying case(s)
	⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
	⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags

⊠Blanket(s)

Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y

Location of The Emergency Ready to go Pack: Closet in Master bedroom

Item Specification (if needed):

4 shirts, 2 shorts, 2 pants, 2 onesies, underwear, 4 diapers, pack of wipes,

4 extra AA batteries, Band aids, gauze, tape, alcohol wipes, Neosporin, gloves, Benadryl

3 16oz water bottles, 2 cans of sardines & of chicken, baby food Apple spinach and kale, sweet potato, fruit snacks, bel vita crackers, crackers,

Items to review on 10/12/2022 if needed: Observed 10/12/2022

Outlet covers, dining room, hallway, kitchen

Light in the fridge

Cleaning Agents moved from bathroom to the hallway closet

Emergency Documents

Informal Provider Emergency Preparedness Plan (this completed form)

⊠Authorization for emergency medical care

Planning and Maintenance

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:

First Name

Last Name

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried

Shelter In Place Procedure:

The provider will grab the children and head to the Master bedroom closet, the ERTB will already be in the closet. The closet has one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure.

Evacuation Procedures:

The provider will grab the ERTB from the closet, put the baby in the car seat and gather the two older boys children, and proceed to the provider's vehicle where he will secure the baby in his car seat and the older boys in their seatbelts before driving to the primary evacuation location **Example 1** The provider **Example 2** Iet her know they are on their way so she can let them in. Once there, they will shelter in the living, which has 2 windows and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents once in the car before leaving the care location and again after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location **and the provider**. The provider will grab the ERTB from the closet, put the baby in the car seat and the **atternate** evacuation location **atternate** to the provider's vehicle where he will secure the baby **atternate** car seat and the **atternate** in their seatbelts before driving to the alternate location. They will shelter in the living room that has 3 window and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents from the car before leaving the care location and again after they are secure in the alternate evacuation location.

Signatures & Date

Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.

P	PROVIDER		INSPECTOR		
Printed Name: Victor Asana		Printed Name:			
Signature:		Signature:			
Date: 0/12/2022	Phone:	Date: 10/12	2/2022	Phone: 1-87	7-227-0125

⊠Virtual Inspection □In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST				Return ccs.int	n to: formalproviders@maryland.gov
Inspection Date: 10/14/2024	Time	e In: 1:30pm	Time Out: 2:30pr	m Re	sult: Pas	ssed
Informal Care				·		
Type of Care (check one):	Non-relative Info	ormal Provider C	are ⊠Relative	Informal	Provider	Care
Provider Information						
First Name: D <u>ominique</u> Provider ID #:	Last	Name: Atkins			ovider ID nail:	561641
Care Location Inspected	-			1		
<u>Street Address:</u> <u>Address Verified?</u> : Yes	<u>City</u> :	<u> </u>	ounty		<u>State</u> :	Zip Code
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	1	Present (Y/N)
			3/2/2018	6yrs/ Y	,	
				- I		
Safety of the Home						
	nd determine compliance be used for comments.					actions needed. / a – Not Applicable
Health and Safety Training			Standard Met Y/N		ents/Not tive Acti	es on /Timeframe if needed
Basic Health and Sa	afety Training Complet	ed?	Y			
Home is free of health and	safety hazards:		Standard Met Y/N		ents/Not tive Acti	es on /Timeframe if needed
 Is in good repair 	Is in good repair		Y			
Is free of insect or re	odent infestation		Y			
Is well-lit and well-v			Y			
 Has hot and cold ru 	-		Y Y			
	Has a working inside toilet					
	king, lighting and heating	ng	Y			
-	safe heating system		Y			
Has a working refrig	,		Y			
 Has a working telep 			Y			
 Has operational sm 			Y			
	rings on any electrical	outlet that is	Y Y			
accessible to childre Harmful items are stored a		y from	Standard Met		nts/Note	-
children:			Y/N Y	Correcti	ve Actio	on /Timeframe if needed
	Sharp or pointed items					
	Medications of any kind					
	nd flammable products		Y Y			
	Alcoholic beverages					
Guns			Y Y			
Cleaning agents			Y			
Poisonous substance GENERAL CLEANLINESS			۲ Standard Met Y/N		nts/Note	s n /Timeframe if needed
All areas of the home are ke	Y	Contect				

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
 Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury 	Y	
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> <u>Department of Social Services Child Protective Services</u> <u>Unit</u> .	Y	

Emergency Ready-to-Go Pack					
	The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.				
Disaster Supply Kit					
	nat each item is adequately included in the Disaster hild in care. Also that the items are clean, organized				
⊠Flashlight	⊠Bottled water	Solder or binder for EPP documents			
⊠Batteries	⊠Non-perishable food	Backpack(s) or carrying case(s)			
⊠Portable First Aid Kit	⊠Diapers –N/A	⊠Consider special toys or games			
⊠Thermometer	⊠Change of clothes	Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags			
Medications-N/A	⊠Blanket(s)				
Items in the Disaster Supply Kit are clean	, organized, and usable (Y/N)? Y				

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y			
Location of Emergency Ready to go Pack: Kitchen area			
Item Specification (if needed):			
To be observed for compliance on :			
•			
Emergency Documents			
⊠Informal Provider Emergency Preparedness Plan (this completed form)			
⊠Authorization for emergency medical care			
Planning and Maintenance			
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:			
First Name Dominique Last Name Atkins			
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:			
Shelter In Place Procedures:			
The Provider will gather the ready to go bag and the children, take them to sheltering location (#1 of doors, #1 of window(s)). The provider will <u>contact</u> parent before, during and after sheltering.			
Evacuation Procedures:			
The Provider will gather the children and the ready to go bag <u>, they will be traveling</u> The provider will <u>travel to the evacuation location</u> <u>gaining access</u> (#1 of doors, #1 of window(s)). The provider will contact parent before, during and after sheltering			
The Provider will gather the children and the ready to go bag <u>, they will be traveling</u> The provider will <u>travel to the evacuation location</u> <u>gaining access</u> (#1 of <u>doors, #1 of window(s))</u> . The provider will contact parent before, during and after sheltering			
CARE HOURS: - Monday-Friday 7am-7pm			

Signatures & Date						
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.						
F	PROVIDER		INSPECTOR			
Printed Name:			Printed Name			
Signature:			Signature:			
Date:	Phone:		Date: 10/14/2024	Phone: 1-877-227-0125		

⊠Virtual Inspection □In-person Inspection	Maryland State Department of Education/Office of Ch Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST					Return ccs.infe	to: ormalproviders@maryland.gov
Inspection Date: 3/22/2024		Time I	n: 1:30pm	Time Out: 2:11pm	Re	sult. Pas	sed
Informal Care	· · · ·			L			
							0
Type of Care (check one):	□ Non-relativ	e Infor	mal Provider Ca	are	nformal	Provider	Care
Provider Information							
First Name: Shirley Provider ID #		Last N	ame: Avery				388835
Care Location Inspected					En	nail:	
Street Address: Address Verified?: Yes			City	County		State	Zip Code
	add an and if an ada	-1)	0.1.1.1.	Data at Dist	0.00	,	Procent (V/N)
Name of Children in Care	aud pages if neede	ea)	Scholarship	Date of Birth	Age		Present (Y/N)
				10/29/2013	10	/N	
				8/08/2016	7	IY (
				1/08/2018	6	/N	
Safety of the Home							
Directions: Review Additional pages ma	and determine com ay be used for comm	pliance nents.	with each stand	ard. Note any comm Y – Yes, N – No, I	ents or co D – Discu	ssed, n	actions needed. /a – Not Applicable
Health and Safety Trainin	g:			Standard Met Y/N		ents/Not tive Acti	es on /Timeframe if needed
Basic Health and S	Safety Training Cor	mplete	d?	Y			
Home is free of health and	d safety hazards:			Standard Met Y/N		ents/Not tive Acti	tes ion /Timeframe if needed
 Is in good repair 				Y			
 Is free of insect or 	rodent infestation			Y			
 Is well-lit and well- 	ventilated			Y			
Has hot and cold				Y			
 Has a working ins 				Y			
	oking, lighting and		g	Y			
	d safe heating syst			Y			
	rigerator and stove			Y			
Has a working tele				Y			
 Has operational s 				Y	+		
Has first aid kit/su				Y	+		
accessible to child				Y	6 OUT	LET CO	VERS
Harmful items are stored children:	appropriately and	d away	y from	Standard Met Y/N		ents/Not tive Acti	es on /Timeframe if needed
 Sharp or pointed in 	tems			Y			
Medications of an	y kind			Y	Onat	igh shelf	in a locked room
 Matches, lighters 	and flammable pro	oducts		Y			
Alcoholic beverage	es			Y			
Guns				Y	-		
Cleaning agents				Y			
 Poisonous substa 	nces			Y			
GENERAL CLEANLINES				Standard Met		ents/Not stive Acti	tes ion /Fimoframe if needed
All areas of the home are	kept clean, includin	ng diap	ering area.	V			

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MSDE OCC Informal Care Inspection Checklist 2020-03-26

Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
 Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury 	Y	
 A child in care is not subjected to any form of neglect, ncluding: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
 Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

(including needed medications) and	Emergency Documents.	
aster Supply Kit		
	hat each item is adequately included in the Disaster hild in care. Also that the items are clean, organized	
⊠Flashlight	⊠Bottled water	☑Folder or binder for EPP document
⊠Batteries	⊠Non-perishable food	Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	□Diapers N/A	⊠Consider special toys or games
		Heavy Duty Scissors, Duct Tape/
⊠Thermometer	⊠Change of clothes	Packing Tape & Sealing Plastic/ Tras
		Bags
□Medications N/A	⊠Blanket(s)	
tems in the Disaster Supply Kit are clear	n, organized, and usable (Y/N)? Yes	
DE OCC Informal Care Inspection Checklist 2	020-03-26 Page 2 of 3	

г

Location of Emergency Ready to go Pack: Near front f=door Item Specification (if needed): Suite case 3 Sets of clothes 4 Obtiled waters 4 Obtiled wate	Emergency Ready-to-Go Pack is available and easily accessible in	the event of an emergency (Y/N)?Yes
Item Specification (if needed): • Sulfe case • 3 Sets of cottes • 1 Sets of cottes • 1 Sets of cottes • 4 cheft Boyardee • 2 books Tobe observed for computance on : •		
Sulle case S		
 4 chef Boyardee 2 books To be observed for compliance on _: Emergency Documents Elinformal Provider Emergency Preparedness Plan (this completed form) ElAuthorization for emergency medical care Parson responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name Shirley Last Name Avery Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Shetter In Place Procedures: The Provider will gather the children and gather the bag. The Provider will text the Parent on the way to the how of a windows). The Provider will gather the parent on the way to the new location. The Provider will gather the youngest 2 children by the hand and call out to the oldest child and gather the bag. She will have her son come to increase the bay to the new location. The Provider will gather the youngest 2 children by the hand and call out to the oldest child and gather the bag. She will have her son come to increase them be be there. The children would be secured in their seat belts and booster seats. They would be door to many to the new location. The Provider will gather the youngest 2 children by the hand and call out to the oldest child and gather the bag. She will wak with the children to the way to the new location. The Provider will gather the youngest 2 children by the hand and call out to the oldest child and gather the bag. She will wak with the children will be the there. They will be there will be the parties as a chowledge that all standards have been reviewed, and any correctons if needed have been discussed. They will be the parties as a chowledge that all standards have been reviewed, and any correctons if needed have been discussed. The parties allow achieves the parties. She will wak with the children to will be conducted virtual or in person.	 3 blankets 	
2 books To be observed for compliance on _; * Emergency Documents Elinformal Provider Emergency Preparedness Plan (this completed form) ElAuthorization for emergency Preparedness Plan (this completed form) El Authorization for emergency Preparedness Plan (this completed form) El Authorization for emergency medical care Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name Shirley Last Name Avery Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Shefter In Place Procedures; The Provider will gather the children and gather the bag. The Provider will gather the bag. She will have her son come to immediate the provider will gather the bag. She will have her son come to be provider will gather the provider by the hand and call out to the oldest child and gather the bag. She will have her son come to be write the bag. The Provider will text the Parent on the way to the new location. The Provider will gather the youngest 2 children by the hand and call out to the oldest child and gather the bag. She will have her son come to be write the bag. She will have her son come to be write the bag. She will have her son the way to the new location. CARE HOURS: Signatures & Date Printed Name: She will be parties acknowledge that all standards have been reviewed, and any corrections if needed have been docused. The parties acknowledge that all standards have been reviewed, and any corrections if needed have been docused. The parties acknowledge that all standards have been reviewed, and any corrections if needed have been docused. The parties acknowledge that all standards have been reviewed, and any corrections if needed have been docused. The parties acknowledge that all standards have been reviewed, and any corrections if needed have been docused. The parties acknowledge that all standards have been reviewed, and any corrections if needed have been docused. The parties acknowledge that all standards have been rev		
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Printed Name: Signatur Signatur Signature:	been discussed. The parties also acknowledge that, if approved, the h	standards have been reviewed, and any corrections if needed have nome in which care is provided is subject to random, unannounced
Signatur Signature:	PROVIDER	INSPECTOR
	Printed Name: Shirley Avery	Printed Name:
Date: 3-2.4-2024 Phone: Date: 3/22/2024 Phone: 1-877-227-0125	Signatur	Signature:
	Date: 3-24-2024 Phone	Date:3/22/2024 Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection	Aaryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST					
Inspection Date: 03/02/2023	Tim	e In: 1:30PM	Time Out: 2:50	PM Result I	PASSED.	
Informal Care						
Type of Care (check one):	Non-relative Int	formal Provider C	are ⊠Relativ	e Informal Provi	der Care	
Provider Information						
First Name: Shirley Provider ID:	Last	Name: Avery		Provider Email:	r ID: <u>388835</u>	
Care Location Inspected						
Street Address: Address Verified: Yes.	City	County	Stat	e Zip	Code	
Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)	
			(11/22/2007)	15 / N		
			(09/24/2010)	12 / N		
			(10/29/2013)	9/N		
			(08/09/2016)	6/Y		
			(01/08/2018)	5/Y		
Safety of the Home Directions: Review a Additional pages mai	and determine compliance y be used for comments	ce with each stand	ard. Note any comr Y – Yes, N – No,	nents or correctiv	ve actions needed. n/a – Not Applicable	
Health and Safety Training			Standard Met Y/N	Comments/No		
Basic Health and S	afety Training Complet	ed?	Y	Relative Info	ormal Care – Certificate Submitted	
Home is free of health and	safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
 Is in good repair 			Y			
 Is free of insect or r 	rodent infestation		Y	N	o evidence of infestation	
 Is well-lit and well-well-well-well-well-well-well-well	ventilated		Y		areas well-lit and ventilated	
 Has hot and cold rule 	unning water		Y	Tested b	y provider and steam observed	
 Has a working insid 			Y	Teste	ed by provider and observed	
 Has utilities for coo 	king, lighting and heati	ng	Y			
	safe heating system		Y	Provider te	ested both settings of thermostat	
 Has a working refri 	-		Y			
 Has a working telep 			Y		made to provider's phone	
 Has operational sm 			Y		d by provider and observed	
 Has first aid kit/sup 			Y	Home First Aid	d Kit kept on top dining room cabinet	
accessible to childr			Y	All o	utlets covered or occupied	
Harmful items are stored a children:	appropriately and awa	y from	Standard Met Y/N	Comments/No Corrective Act	otes tion /Timeframe if needed	
 Sharp or pointed ite 	ems		Y	Store	ed on top of kitchen cabinet	
 Medications of any 	kind		Y	Kept in pro	vider's bedroom with locked door	
 Matches, lighters a 	nd flammable products		Y		Does not own	
Alcoholic beverage	S		Y		Does not own	
Guns			Y		Does not own	
Cleaning agents			Y	Store	d on high shelf in basement	
 Poisoneus substant 	200		¥	Store	d on high shelf in basement d on high shelf in basement	

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
All areas of the home are kept clean, including diapering area.	Y	No diaper age children in care	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper age children in care	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y		
Diapering procedures are followed.	Y	No diaper age children in care	
 Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
 A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury 	Y		
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y		
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y		
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y		

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed.

⊠ Flashlight

Bottled water

Selder or binder for EPP documents

Batteries for Flashlight

⊠Non-perishable food

⊠Backpack(s) or carrying case(s)

Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	Heavy duty scissors, duct or packing tape & sealing plastic or heavy duty trash bags
Medications	⊠Blanket(s)	C C
Items in the Disaster Supply Kit are clean, organiz	ed, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and ea	sily accessible in the event of an emerg	ency (Y/N)? Y
Location of The Emergency Ready to go Pack:	Emergency bag located in the front	room near the front door.
 Item Specifications (if needed): 1 duffle bag, 1 backpack, 1 suitcase, 6 blanke kits, 6 bottled waters, 6 canned foods, 5 outfin folder of EPP/ECMA docs, no diaper age chill 	(reproducting, o books, i pair or bolost	dd. battery, Kaniyah's asthma pump, 2 small first aid ors, 1 roll of packing tape, 1 roll of trash bags, and
Items to be reviewed on xx/xx/xxxx if needed:	<u>N/A</u>	
Emergency Documents		
⊠Informal Provider Emergency Preparedr	ness Plan (this completed form)	
Authorization for emergency medical ca	re	
Planning and Maintenance		
Person responsible for updating the Disaster Sup	oply Kit and the Emergency Documen	s regularly
First Name	Last Name	
Description of how the Emergency Ready-to-Go	Pack will be transported to an	
Description of how the Emergency Ready-to-Go roll the suitcase.	Pack will be transported to an evacua	tion location: Carry the duffle bag, backpack and
Shelter-in-Place Procedures:		
Shelter-in-Place Procedures: Provider will grab the emergency bags and accorshould arise the provider will use the tape and set her of the emergency as they are headed to the	unt for the children in care and go into ealing plastic to cover the window or d	
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Shelter-in-Place Procedures: Provider will grab the emergency bags and accosshould arise the provider will use the tape and see her of the emergency as they are headed to the Evacuation Location(s) Procedures: Primary: The provider will gather the children are children will be secured in their seat belts, (1) too herself in the car. Upon arrival Via call or text on their way to the evacuation local or text on their way to the evacuation local Provider will hold the hands of the street. Upon arrival at the provider will inform her of the emergency or her son if they need the street. By signing below the parties a been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in PROVIDER	unt for the children in care and go into ealing plastic to cover the window or d basement. Ind ready-to-go bags and will call her so ddler in their booster and (1) small chil they will shelter in the basement (1 c ation and once they are safe. In the provider along with the ch youngest child and have all the other is speak with a second second about we beed to be picked up from the library for acknowledge that all standards have be hat, if approved, the home in which car h-person.	the basement (1 door 1 window). If the need bor. Provider will call and text the parent to inform on to pick them up by vehicle. The (3) older d in their car seat. Then the provider will secure loor 1 window). The provider will contact the parent ldren and emergency bags

⊠Virtual Inspection □In-person Inspection	C	Department of Ed hild Care Scholars INFORMAL INSPECTION CI	ship Program CARE	Child Care	Return to: ccs.informalproviders@maryland.g ov
Inspection Date: 02/23/2022	Tir	ne In: 3:30PM	Time Out: 4:40F	PM Result 2/24/20	: Passed if returned by 5PM on 022
Informal Care				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Type of Care (check one):	□ Non-relative I	nformal Provider C	are ⊠Relative	e Informal Prov	vider Care
Provider Information					
First Name: Shirley Provider ID #:	La	st Name: Avery		Provide Email:	er ID: 388835
Care Location Inspected					
Street Address: Address Verified?	City	County	State	Zip Co	de
Name of Children in Care (a	dd pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
			08/09/16	5 / Y	
			10/29/13	8 / Y	
			09/24/10	11 / Y	
			10/22/2009	12 / Y	
			11/22/2007	14 / Y	
			1/8/2018	4 / Y	
Safety of the Home Directions: Review and determ pages may be used for comme	ine compliance with e	each standard. Note	any comments or c	orrective action	ns needed. Additional d, n/a – Not Applicable
Health and Safety Training:	anna.		Standard Met	Comments	
Basic Health and Safety Train	ning Completed?		N/A		
Home is free of health and	safety hazards:		Standard Met Y/N	Comments, Corrective	/Notes Action /Timeframe if needed
 Is in good repair 			Y		
 Is free of insect or ro 	dent infestation		Y	No sign of ir	nfestation
 Is well-lit and well-vell-vell-vell-vell-vell-vell-vell-	entilated		Y	Lots of natu	ral and artificial lighting.
 Has hot and cold run 	nning water		Y		rved on the mirror
 Has a working inside 			Y	Flush obser	
 Has utilities for cook 		ting	Y		ers observed
Has a working and s			Y	Turned up from 68 to 71 degrees	
Has a working refrig			Y Y	-	light and frozen food observed
Has a working teleph			Y	House phone. Outbound call observed. Test button pressed. The alarm sounded.	
Has operational smo			Y		gauze, compress wipes, gloves
Has first aid kit/supp Has protective cover		al autlat that is		1.00 10017	outlets that were not in use are
accessible to childre	n		Y	covered. Mo	ost outlets behind heavy furniture.
Harmful items are stored ap children:		ay from	Standard Met Y/N		ction /Timeframe if needed
 Sharp or pointed iter 			Y	On top of the counter	
 Medications of any k 			Y	Locked in Mom's room	
Matches, lighters and	d flammable product	S	Y	None in the h	nouse
Alcoholic beverages			Y	None	
Guns			Y	none	have been been been dealer of
 Cleaning agents 			Y	Locked in the	e basement door locked

Poisonous substances	Y	Other than medications and cleaning solutions
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Ŷ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
 Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after. Toileting. Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury 	Y	
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y Y	
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	¥	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.

Disaster Supply Kit

Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.

⊠Flashlight

Bottled water

Batteries for Flashlight

Non-perishable food

Diapers N/A

Second Se

Backpack(s) or carrying case(s)

Consider special toys or games

⊠Thermometer	⊠Change of clothes	⊠Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
⊠Medications	⊠Blanket(s)	-
Items in the Disaster Supply Kit are clean, organized,	and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and easily)? Y
Location of The Emergency Ready to go Pack: B	By the front door.	
Item Specification (if needed): First aid - Ice pack, hand sanitizer, first aid cream, eye Band aids gauze, Q-tips, tweezer, Alcohol pads, finge 3 Medium containers of ravioli for the younger children 3 Large blankets Books, each child also has a iPhone for entertainment	r tourniquet, scissors, gloves, safety pins, tape n and 3 large cans of chef Boyardee	for the gauze
6 pants, 6 shirts, 6 under wares, 6 pairs of socks.		
Items to review on xx/xx/xxxx if needed;		
inclusion of Adamatica in Incented.		
-		
Emergency Documents		
☑ Informal Provider Emergency Preparedness	Plan (this completed form)	
Authorization for emergency medical care		
Planning and Maintenance		
Person responsible for updating the Disaster Supply	Kit and the Emergency Documents regularly	
	st Name	
Description of how the Emergency Ready-to-Go Pack	k will be transported to an evacuation location	n: Carried.
Shelter In Place Procedure:		
The provider will gather the kids and holding hands of	6 the manual states	
grab the emergency to go bag and	d food Bag. Unlock the basement door and	and proceed to the basement, while descend with all the children. The
basement has one window and one door. Provider wi	Il text parent during once secure.	
Evacuation Procedures:		
The provider will gather the kids and holding hands of	f the younger children	while grab the
emergency to go bag and food Bag. They will then pro	oceed out of the care location and v	·
The provider will text or call once they get to	•	
Alternate Location:		
	he children and transport them to	-
younger children in car seat in the car and booster sea	at while the older children secure themselves	The provider will put the
parent or text,		that seat bens: I lovider win by calling
Signatures & Date		
Acknowledgement: By signing below the parties acknow been discussed. The parties also acknowledge that, if a pop up visit which will be conducted virtually or in-perso	dubloved, the nome in which care is provide	d, and any corrections if needed have d is subject to random, unannounced
PROVIDER	on.	
Printed Name: (1) (/	NSPECTOR
Shirles Aver	9 Printed Name:	
Signature	Signature;	

MSDE OCC

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Date: 2 - 2 4-2022 Phone:	Date:	Phone: 1-877-227-0125

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□In-person Inspection		epartment of Ed Id Care Scholars INFORMAL NSPECTION CI	ship Program CARE	Child Care	Return to: ccs.infor ent and.g ov	
Inspection Date: 06/13/2023	Dection Date: 06/13/2023 Time In: 10:30AM			PM Result	t: PASSED	
Informal Care					the local sectors	
Type of Care (check one):	Non-relative Int	formal Provider C	are DRelative	Informal Pro	vider Care	
Provider Information						
First Name: Liliana		in D	sores	Provid	ler ID: 516772	
			5450	Email		
Care Location Inspected						
et Address: Address Verified? Yes.		City:	County:		State Zip Code:	
Name of Children in Care (a	add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)	
			(08/13/2012)	10yr. / N		
			(10/13/2019)	3yr./ N		
			(10/13/2021)	1yr./ N		
Safety of the Home			*			
Directions: Review and determ pages may be used for comme		ach standard. Note			ons needed. Additional ed, n/a – Not Applicable	
Health and Safety Training:			Standard Met Y/N	Comments	s/Notes Action /Timeframe if needed	
Basic Health and Safety Training Completed?			Y	Non- R	elative Informal Care – Certificate Submitted	
Home is free of health and safety hazards:			Standard Met Y/N	Comments		
Is in good repair			Y		All areas were clean	
• 15 SECT OF 10	dent mestado		- 10 - 1	1	No evidence of infest	
Is well-lit and well-ve	entilated		Y	All lights were turned on and natural window lighting		
cold run	nning water		Y	Tested by provide an interaction on camera		
Has a working inside	e toilet		Y	Flushed by provider and observed		
Has utilities for cook	ing, lighting and heati	ng	Y			
Has a working and s	afe heating system		Y	Thermostat tested by provider for cooling & heating		
Has a working refrig	erator and stove		Y	Tested by provider and observed		
Has a working telept	hone		Y	Outbound call made to provider's phone		
Has operational smo	oke detector(s)		Y	rested by provider and observed		
Has			Y	st ai	d kit stored in locked kitch	
Has protective cover	nnys on electrical	outlet that is	Y	A	All outlets covered or occupied	
Harmful items are stored ap children:	opropriately and awa	ly from	Standard Met Y/N	10 100 0100	Action /Timeframe if needed	
 Sharp or pointed iter 	ms		Y	Ste	ored in locked kitchen drawers	
Medications of any k			Y		Does not own	
	d flammable products		Y		Does not own	
Alconolic Deverades			Y		Does nor own	
Guns			Y		Does not own	
Cleaning agents Poisonous substance	35		Y	Only cleans with vinegar		
	29		Y		Does not own	

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Il areas of the home are kept clean, including diapering area.	Y	Changing station in living room area
rash, garbage and wet and soiled diapers are disposed of in a anitary manner.	Y	Diapers taken out daily
hild is changed immediately when s/he has a soiled or wet iaper, clothing or bedding.	Y	
iapering procedures are followed.	Y	All diapering supplies available near changing area
 andwashing procedures are followed. Provider and child's hands vashed thorows in the spread of disease Toile Diapening, After playing outdoors; and After times when necessary to prevent the spread of disease 	Y	
HILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 end subject to any form of abuse, including: Provide the any form of abuse, including: 	Y	
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury caused by the failure to give proper care and attention to a child. 	Ŷ	
 Any deliberate act that hurts a child physically or emotionally, including: Any deliberate act that hurts a child physically or emotionally, including: Any deliberate act that hurts a child physically or emotionally, including: Any deliberate act that hurts a child physically or emotionally, including: 		
 Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Futung pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	
mergency Ready-to-Go Pack		
ne Emergency Ready-to-Go Pack must be available and easily access ble eeded medications) and Emergency Documents.	in the event of an em	nergency. This contains a Disaster Supply Kit (including
isaster Supply Kit		
rections: Review and determine that each item is adequately included in t nough supplies for each child in care. Also the items are clean, organized,	he Disaster Supply K and usable. Commer	it. Be certain that the Disaster Supply Kit contains and note below if needed.
SFlashlight Southed water		Section 2012 Folder or binder for EPP documents
Batteries for Flashlight	le food	Backpack(s) or carrying case(s)
Kit ØDiapers		⊠Consider
Change of clo	othes	⊠Heavy Du packing tap até na tiné tanàna a bags
⊠Medications ⊠Blanket(s)		

MSDE OCC Informal Care Inspection Checklist

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Page 2 of 3

Items in the Disaster Supply Kit are clean, of	organized and usable (V/N)2 V	
	and easily accessible in the event of an emergency (Y/N)? Y	
Location of The Emergency Ready to go Item Specification (if needed):	Pack: Stored near front door exit	
	1 roll of duct tape, 1 first aid kit, 1 thermometer, no spec meds, 4 bottled waters, 3	canned
	1 pk of wipes, 3 outfits (top/bottom), 3 blankets, folder w/ EPP and ECMA docs, 1	
backpack(carrying case), small stuf	fed animals, 1 pair of scissors, and roll of sealing plastic	
- Items to be reviewed on xx/xx/xxxx:	N/A	
mergency Documents		
	paredness Plan (this completed form)	
lanning and Maintenance		
son responsite and the source of the source	y Kit and y Docume	
irst Name	Last Name	
nja	Fernandez Placencia (Parent)	
ergency Ready-	to-Go Pack will be transported to an evacuation location: carried b	
ationin Constituti		
	and call 911 if needed, and then activate house alarm. The provide the state of the	-010
	1 door 0 windows). After they are settled she will use sealing plastic and tape to sea	arme
bace if needed and call, text or video call	the parent.	
an many particular that		
vacuation Procedures		
	children, grab the ETG and call 911 if needed. The provider and children will walk to	
	both smaller children 1 in rear-facing car seat, 1 in forward-facing car seat and the	oldest child
the car of the fter secured she will a	trive upon arrival she will receive instruction from	of
		of
		of
here to shelter and once secured she will	call or text the parent.	
here to shelter and once secured she will Iternate: If they could not access the pri	call or text the parent. mary location, the provider will gather the children and ERTG and call 911 if needed	d. She will
here to shelter and once secured she will Iternate: If they could not access the pri ecure the youngest child in the rear-facing	call or text the parent.	d. She will
here to shelter and once secured she will Iternate: If they could not access the pri ecure the youngest child in the rear-facing rive to	call or text the parent. mary location, the provider will gather the children and ERTG and call 911 if needed g car seat, middle child in forward-facing car seat and oldest child in car seat belt. T . Once there	d. She will
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