

## Child Care Scholarship Program

# Informal Child Care Monitoring Inspections



A

First letter of the provider's last name.

Posted March 2025

**DISCLAIMER:** The information in this document is provided as a public service by the MSDE Office of Child Care. Although the information contained herein is believed to be accurate and reliable, it is presented without guarantees and does not constitute an endorsement, either expressed or implied, of any child care provider or program. The Office of Child Care disclaims liability for any errors in, or omissions from monitoring record information.

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>03/09/2023</b>	Time In: <b>10:30AM</b>	Time Out: <b>11:59AM</b>	Result: <b>PASSED</b>
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### Informal Care

Type of Care (check one):    ☐ Non-relative Informal Provider Care    ☒ Relative Informal Provider Care

#### Provider Information

First Name: <b>Misku</b>	Last Name: <b>Abafogi</b>	Provider ID: <b>508857</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

#### Care Location Inspected

Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 Address Verified? **Yes.**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(10/09/2022)	5 mos. / Y	

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.  
**Y – Yes, N – No, D – Discussed, n/a – Not Applicable**

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal 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	All areas 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	All lights were turned on and lots of natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed, lock on the bathroom door
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat settings tested and observed
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Called provider's working phone
• Has operational smoke detector(s)	Y	Observed and tested by provider
• Has first aid kit/supplies	Y	First aid kit kept on top of fridge
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered with coverings and/or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in upper level kitchen cabinet
• Medications of any kind	Y	Stored in the fridge
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Cleaning agents stored on shelf in the garage



• Poisonous substances	Y	Does not own
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	Provider keeps diapers, wipes and baby products in compartments of the changing pad
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Small trash container to dispose of any diapers wet items
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Diapering area has all needed supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including:</li> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul>	Y	
<b>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.</b>	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

☒ Batteries for Flashlight

☒ Portable First Aid Kit

☒ Thermometer

☒ Bottled water

☒ Non-perishable food

☒ Diapers

☒ Change of clothes

☒ Folder or binder for EPP documents

☒ Backpack(s) or carrying case(s)

☒ Consider special toys or games

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



<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? <b>Y</b>	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? <b>Y</b>	
<b>Location of The Emergency Ready to go Pack: In the closet of the playroom</b>	
<b>Item Specification (if needed):</b> - 1 flashlight, 2 extra batteries, 1 first aid kit, 1 thermometer, 4 bottled waters, 1 pk of diapers and wipes, 2 canned foods, 1 can of formula, 2 onesies, pk of washcloths, 2 extra bottles, 1 small blanket, 1 stuff animal, 1 pair of scissors, 1 roll of duct tape, 1 roll of sealing plastic/trash bags, no specific medications, 1 carry-on suitcase, folder w/ EPP & ECMA docs	
<b>Items to be reviewed on xx/xx/xxxx: N/A</b>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name <b>Misku</b>	Last Name <b>Abafogi</b>
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>rolled by the provider.</b>	
<b>Shelter In Place Procedure:</b> The provider will account for the child and go to the basement area, retrieve the emergency bag from the playroom and shelter in the hallway (4 doors 0 windows). If the need should arise she will use the sealing plastic and tape to cover the doors. The provider will use her cellphone to call the parents when they are secured.	
<b>Evacuation Procedures:</b> <b>Primary:</b> The provider will carry the child and roll the emergency bag and secure the baby in her stroller and walk [REDACTED]. The provider [REDACTED] the provider and child will go into the [REDACTED] (1 door 1 window). Provider will call the parents when they are settled [REDACTED].  <b>Alternate:</b> The provider will grab the child and roll the emergency bag, provider will secure the baby in her stroller and walk [REDACTED]. The provider will call [REDACTED]. Once they are in [REDACTED] provider and child will shelter in [REDACTED] (0 doors 2 windows). The provider will call the parents at the beginning and end of the emergency.	

<b>Signatures &amp; Date</b>			
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.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: <b>Misku Abafogi</b>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <b>03/09/2023</b>	Phone: [REDACTED]	Date: <b>03/09/2023</b>	Phone: <b>1-877-227-0125</b>



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 10/7/2024	Time In: 1:30	Time Out: 2:26pm	Result: Passed
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### Informal Care

Type of Care (check one):	<input checked="" type="checkbox"/> Non-relative Informal Provider Care	<input type="checkbox"/> Relative Informal Provider Care
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### Provider Information

First Name: Stacey	Last Name: Abbey	Provider ID: 564164
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

Street Address: [REDACTED]	City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Address Verified?: Yes				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		1/22/2019	5yrs/ N

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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Basic Health and Safety Training Completed?	Y	
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Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	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	Comments/Notes Corrective Action /Timeframe if needed
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• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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All areas of the home are kept clean, including diapering area.	Y	
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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: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe If needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a>.</b>	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) <b>and</b> 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.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries <input checked="" type="checkbox"/> Portable First Aid Kit  <input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers – N/A  <input checked="" type="checkbox"/> Change of clothes  <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
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	
or	
<b>Location of Emergency Ready to go Pack: behind the bedroom door</b>	
<b>Item Specification (if needed):</b>	
<ul style="list-style-type: none"> <li>To be observed for compliance on :</li> </ul>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Stacey	Last Name Abbey
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b>Shelter In Place Procedures:</b>	
The Provider will gather the ready to go bag and the children, take them to shelter in place #1 of doors, #1 of window(s). The provider will <u>contact</u> parent before, during and after sheltering.	
<b>Evacuation Procedures:</b>	
The Provider will gather the children and the ready to go bag, they will be traveling by [redacted] will be secured in a [redacted]. The provider will <u>travel to the evacuation location</u> gaining access by [redacted] to shelter in [redacted] #2 of doors, #2 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, they will be traveling by [redacted] will be secured in a [redacted]. The provider will <u>travel to the evacuation location</u> gaining access by [redacted] shelter in [redacted] #2 of doors, #2 of window(s). The provider will contact parent before, during and after sheltering.	
<b>CARE HOURS:</b>	
- Monday-Friday 6:30am- 6pm	

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.			
PROVIDER		INSPECTOR	
Printed Name: <b>STACEY ABBEY</b>		Printed Name: [redacted]	
Signature: [redacted]		Signature: [redacted]	
Date: <b>10/7/2024</b>	Phone: [redacted]	Date: <b>10/7/2024</b>	Phone: <b>1-877-227-0125</b>

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>09/23/2022</b>	Time In: <b>1:30PM</b>	Time Out: <b>2:46PM</b>	Result: Follow-Up needed
Follow-Up Inspection: <b>09/26/2022</b>	Time In: <b>3:00PM</b>	Time Out: <b>3:15PM</b>	Result: <b>Passed</b>

  

**Informal Care**

Type of Care (check one):    ☐ Non-relative Informal Provider Care    ☒ Relative Informal Provider Care

**Provider Information**

First Name: <b>Ursula</b>	Last Name: <b>Abron</b>	Provider ID: <b>495568</b>
Provider ID # [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

Street Address: [REDACTED]    City: [REDACTED]    County: [REDACTED]    State: [REDACTED]    Zip Code: [REDACTED]

Address Verified? **Yes**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		5/26/2022	3 Mos. / Yes
[REDACTED]		6/22/2017	5 / Yes

  

**Safety of the Home**

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.  
**Y – Yes, N – No, D – Discussed, n/a – Not Applicable**

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N	Provider registered for Course

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 infestation	Y	
• Is well-lit and well-ventilated	Y	No sign of infestation
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	Toilet Flushed
• Has utilities for cooking, lighting and heating	Y	Gas burner lighted
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band Aids, Alcohol antiseptic wipes, Gauze, tape
• 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	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Moved to high cabinet
• Medications of any kind	Y	Medicine cabinet
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	Locked under sink
• 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.	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: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local Department of Social Services Child Protective Services Unit</u>.</b>	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.

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Flashlight               | <input checked="" type="checkbox"/> Bottled water       | <input checked="" type="checkbox"/> Folder or binder for EPP documents   |
| <input checked="" type="checkbox"/> Batteries for Flashlight | <input checked="" type="checkbox"/> Non-perishable food | <input checked="" type="checkbox"/> Backpack(s) or carrying case(s)  |
| <input checked="" type="checkbox"/> Portable First Aid Kit   | <input checked="" type="checkbox"/> Diapers             | <input checked="" type="checkbox"/> Consider special toys or games   |
| <input checked="" type="checkbox"/> Thermometer              | <input checked="" type="checkbox"/> Change of clothes   | <input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/<br>packing tape & sealing plastic/trash bags |
| <input checked="" type="checkbox"/> Medications              | <input checked="" type="checkbox"/> 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 by front door

**Item Specification (if needed):**

1 shirts, 1 pants, shorts, underwear, 5 diapers, box wipes, playdough, learning 100 words electronic book, superman toy, 4 extra AAA batteries, 8 AA batteries, Band aids, ointment, gauze, tape, antiseptic pads, cold compress, gloves, Benadryl, 2 16oz water bottles, 2 cans of chef Boyardee mac & cheese Cereal, Fruit snacks and baby teething 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 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 [REDACTED] Last Name [REDACTED]

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Coat Closet by front door

**Shelter In Place Procedure:**

The provider will grab the children, the ERTB and head to the basement which has one door and one small window. 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 children, the ERTG and [REDACTED] house. The baby will be in a stroller and the older child will be walking beside her. The provider will call [REDACTED] know they 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 and one window. The provider will call the parent 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 walk to the alternate evacuation location which is [REDACTED]. The baby will be in a stroller and the older child will be walking beside her. Once at the location the provider will ask to be directed to the shelter room. The provider will call the parent 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.

PROVIDER		INSPECTOR	
Printed Name:	Ursula Abron	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	09/26/2022	Date:	09/26/2022
Phone:	[REDACTED]	Phone:	1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 6/12/2024	Time In: 3:30pm	Time Out: 4:15pm	Result: Passed
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<b>Informal Care</b>
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Type of Care (check one):	<input type="checkbox"/> Non-relative Informal Provider Care	<input checked="" type="checkbox"/> Relative Informal Provider Care
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<b>Provider Information</b>
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First Name: Tuwana	Last Name: Allen	Provider ID: 553625
Provider ID #: [REDACTED]		Email: [REDACTED]

<b>Care Location Inspected</b>
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Street Address: [REDACTED]	City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Address Verified?: Yes				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		4/5/2014	10yrs / N
[REDACTED]		10/22/2022	18months / Y

<b>Safety of the Home</b>
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Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
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 infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	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	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
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.	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: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>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.</b>	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 that the items are clean, organized, and usable. Comment and note below if needed.

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Flashlight             | <input checked="" type="checkbox"/> Bottled water       | <input checked="" type="checkbox"/> Folder or binder for EPP documents   |
| <input checked="" type="checkbox"/> Batteries              | <input checked="" type="checkbox"/> Non-perishable food | <input checked="" type="checkbox"/> Backpack(s) or carrying case(s)  |
| <input checked="" type="checkbox"/> Portable First Aid Kit | <input checked="" type="checkbox"/> Diapers             | <input checked="" type="checkbox"/> Consider special toys or games   |
| <input checked="" type="checkbox"/> Thermometer            | <input checked="" type="checkbox"/> Change of clothes   | <input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/<br>Packing Tape & Sealing Plastic/ Trash<br>Bags |
| <input type="checkbox"/> Medications N/A                   | <input checked="" type="checkbox"/> Blanket(s)          |  |

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



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

**Location of Emergency Ready to go Pack: Dining Room Table**

**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 Tuwana

Last Name Allen

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

**Shelter In Place Procedures:**

The Provider will carry the bag on her shoulder, Carry the 18 month old while guiding the eldest to the room in [REDACTED] (1 door 1 window). The Provider would seal the window and door and reach out to the Parent via text to inform her of the emergency and that they are secured.

**Evacuation Procedures:**

The Provider will carry the bag on her shoulder, Carry the 18 month old while guiding the eldest to the car. The Provider would secure the 10 y/o in the seat belt and the 18 month old in a rear facing car seat. The Provider would drive to the [REDACTED] where she will [REDACTED]. The Provider and children would [REDACTED] (1 storm doors 0 windows). The Provider would contact the parent once she and the children are secured and will follow up after the emergency is over.

The Provider will carry the bag on her shoulder, Carry the 18 month old while guiding the eldest to the car. The Provider would secure the 10 y/o in the seat belt and the 18 month old in a rear facing car seat. The Provider would drive to [REDACTED] where she will [REDACTED]. The Provider and children would shelter [REDACTED] (1 doors 1 windows). The Provider would contact the parent once she and the children are secured and will follow up after the emergency is over.

**CARE HOURS:**

**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.

**PROVIDER**

**INSPECTOR**

Printed Name:

Tuwana Allen

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Signature:

[REDACTED]

Date:

6/13/2024

Phone:

[REDACTED]

Date: 6/12/2024

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>06/13/2023</b> Follow-up Inspection Date: <b>06/16/2023</b>	Time In: <b>2:00PM</b> Time In: <b>9:30AM</b>	Time Out: <b>3:19PM</b> Time Out: <b>9:45AM</b>	Result: <b>Follow-up Required.</b> Result: <b>PASSED</b>
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### Informal Care

Type of Care (check one): ☒ Non-relative Informal Provider Care ☐ Relative Informal Provider Care

### Provider Information

First Name: <b>Yarisa</b>	Last Name: <b>Almonte</b>	Provider ID: <b>516870</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 Address Verified? **Yes.**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(07/24/2010)	12yr. / Y
[REDACTED]		(12/17/2011)	11yr. / Y
[REDACTED]		(07/06/2013)	9yr. / Y
[REDACTED]		(01/02/2015)	8yr. / Y

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.  
 Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non-Relative Informal 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	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Corrective Action Completed: Tested by provider and observed
• Has first aid kit/supplies	Y	Medical Supplies in hallway closet (Band-Aids, gauze, alcohol wipes, and ointment) and first aid kit stored in provider's bathroom
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: All outlets covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in knife holder on back of kitchen counter
• Medications of any kind	Y	Does not own
• Matches, lighters and flammable products	Y	Does not own



• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Corrective Action Completed: Lock added to kitchen cabinet with cleaning products
• Poisonous substances	Y	Stored in containers in the garage
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
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	
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: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> </ul> </li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul>	Y	
<b>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.</b>	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

☒ 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

☒ 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 accessible in the event of an emergency (Y/N)? Y

Location of The Emergency Ready to go Pack: Stored in the garage shelf

Item Specification (if needed):

- 1 first aid kit, 1 flashlight, 1 pk of D batteries, 1 thermometer, no spec meds, 8 bottled waters, 5 canned foods, 4 dry foods, 4 outfits(top/bottom/underwear), 2 blankets, folder w/ EPP and ECMA docs, 1 tote (carrying case), 1 playing game, 1 roll of duct tape, 1 pair of scissors, and 2 heavy duty trash bags

- Items to be reviewed on 06/16/2023: Corrected & Reviewed on 06/16/2023

- Outlet coverings needed in common spaces and bedrooms

- Lock needed on kitchen cabinet with cleaning products

- Smoke detector must be tested

#### 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

Taluddin

Last Name

Sabree (Parent)

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.

#### Shelter In Place Procedure:

The provider will perform a head count and gather all the children and grab the ERTG. She and the children will head [REDACTED] and call the parent and 911 if needed. If the need should arise the provider will use sealing plastic and tape to seal the door. Once secured the provider will call or text the parent again.

#### Evacuation Procedures

**Primary:** The provider will account for the children, gather the children and ERTG and ensure each child is secured in the 16-passenger van by car seat belt. The provider will drive she and the children to the [REDACTED] upon arrival the provider will use her spare key to gain access. The provider and children will locate in the living room area (1 door 1 window). The provider will call or text the parent at the beginning and end of emergency.

**Alternate:** If they could not access the primary location, the provider will identify the issue, perform a head count and gather the children and ERTG. She will ensure all children are secured in the 16-passenger van by car seatbelt. She will call the parent and inform them of the emergency along the way. Upon arrival she has key access into the [REDACTED] She and the children will shelter in [REDACTED] door 1 window). Once secured she will call or text the parent with updates.

#### Care Hours:

M-F

6:00am-8:00am 3:00pm-9:00pm Sa-Su (weekend work varies) 11:00am-7:00pm

#### 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.

#### PROVIDER

Printed Name:

Yarisa Almonte

Signature:

[REDACTED]

Date:

7/13/2023

Phone:

[REDACTED]

#### INSPECTOR

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 06/16/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>11/04/2022</b>	Time In: <b>3:30PM</b>	Time Out: <b>5:08PM</b>	Result: <b>PASSED</b>
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### Informal Care

Type of Care (check one):    ☐ Non-relative Informal Provider Care    ☒ Relative Informal Provider Care

### Provider Information

First Name: <b>Felonie</b>	Last Name: <b>Altema</b>	Provider ID: <b>497963</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 Address Verified? **Yes**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		6/30/2012	10 / Yes
[REDACTED]		1/5/2009	13 / Yes

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.  
**Y – Yes, N – No, D – Discussed, n/a – Not Applicable**

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	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 rodent infestation	Y	No sign of Infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Heat dialed up
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider's cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band-Aids, hydrogen peroxide, triple antibiotic
• 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	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Locked in Basement Laundry room
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	Other than medications and cleaning solutions



<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
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.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>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.</b>	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.

<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries for Flashlight	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers N/A	<input checked="" type="checkbox"/> Consider special toys or games
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> 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:** In Parent's Bedroom

**Item Specification (if needed):**

2 shirts, 2 pants, 1 large blanket, 8 extra AA batteries, 2 D batteries, monopoly & family feud games

Band aids, Triple antibiotic ointment, wrap, cold medicine, tape, hydrogen peroxide, gloves,

3 16oz water bottles, 2 box of chicken noodle, can baked beans, Chef Boyardee lasagna, 1 can of tuna can of pears, Ritz cracker, corned beef

**Items to review on xx/xx/xxxx if needed:**

**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 call the children, grab the ERTB and head to the basement family room which has one door and one patio door and two windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent after they have settled in the basement.

**Evacuation Procedures:**

The provider will grab the emergency bag, call the children I, call [REDACTED] to drive them. Provider will secure the children their seatbelts, before they are driven to the primary evacuation location, which is [REDACTED]. Once at the location, provider will ask the [REDACTED] shelter room. The [REDACTED] room has 2 doors and two windows. The provider will call the parents before leaving the care location and 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 which is [REDACTED]. The provider will grab the emergency bag, get the children, then [REDACTED]. The provider will secure the children their seatbelts, before they are driven to the location. They will shelter in the basement family room that has two window and 2 doors. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents before leaving the care location and 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.

**PROVIDER**

**INSPECTOR**

Printed Name:

*Felicia Adams*

Printed Name:

[REDACTED]

Signature:

Signature:

[REDACTED]

Date: 11-05-22

Phone:

[REDACTED]

Date: 11/04/2022

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>10/17/2023</b> Follow-up Inspection Date: <b>10/19/2023</b>	Time In: <b>9:30AM</b> Time In: <b>10:00AM</b>	Time Out: <b>10:27AM</b> Time Out: <b>11:03AM</b>	Result: <b>Follow-up Required.</b> Follow-up Result: <b>PASSED</b>
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### Informal Care

Type of Care (check one): ☐ Non-relative Informal Provider Care ☒ Relative Informal Provider Care

### Provider Information

First Name: <b>Alicya</b>	Last Name: <b>Anderson</b>	Provider ID: <b>526743</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Address Verified? **Yes.**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(09/10/2016)	7yr.		Y

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.  
 Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
<b>Home is free of health and safety hazards:</b>		
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed by ice melting under kitchen faucet
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored in basket in provider's bathroom
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: All outlets were covered or occupied (all bathrooms, 3 bedrooms, kitchen, hallways/upstairs/downstairs, living room)
<b>Harmful items are stored appropriately and away from children:</b>		
• Sharp or pointed items	Y	Stored in knife holder on the back of the counter
• Medications of any kind	Y	Stored on top shelf bathroom closet
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Alcoholic beverages moved to higher cabinet in kitchen
• Guns	Y	Does not own



• 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
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
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	Trash thrown away daily
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: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul> </li> </ul>	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 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

☒ Batteries for Flashlight

☒ Portable First Aid Kit

☒ Bottled water

☒ Non-perishable food

☒ Diapers (N/A)

☒ Folder or binder for EPP documents

☒ 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)

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:** Stored in spare bedroom**Item Specification (if needed):**

- 1 flashlight, 5 extra AA batteries, 1 first aid kit, 1 thermometer, no specific medications, 12 bottled waters, 1 pair of scissors, 12 dried and canned foods, 1 blanket, a few toys, 3 heavy duty trash bags, 1 roll of duct tape, 2 tote bags (carrying case), 1 outfit (top/bottom), change of clothes and folder w/ EPP and ECMA docs
- Items to be reviewed on 10/19/2023: Corrected & Reviewed on 10/19/2023
- Outlet coverings in multiple areas (bedrooms, common spaces, hallways, kitchen)
- Locks for bathroom and kitchen cabinets with cleaning products
- ERTG Missing: Change of clothes and folder w/ EPP and ECMA docs

**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

Alicya

Last Name

Anderson

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.

**Shelter In Place Procedure:**

The provider will gather the child, grab the ERTG and she and the child will shelter in the bathroom (1 door 0 windows) and/or closet (1 door 0 windows). Both rooms do not have any windows. If the need should arise the provider will use sealing plastic and tape to seal the door and vent in bathroom and the door in the closet. The provider will text the parent with emergency updates.

**Evacuation Procedures**

**Primary:** The provider will account child and grab the ERTG. The provider will ensure the child is strapped in her seat belt and drive to [REDACTED]. Upon arrival the provider will [REDACTED] the provider and child would take shelter in the [REDACTED] (1 door 0 windows) or [REDACTED] (door 1 window). Once secured the provider will call or text the parent with emergency updates.

**Alternate:** If they could not access the primary location, the provider will account child and grab the ERTG. The provider will ensure the child is strapped in her seat belt and [REDACTED]. Upon arrival the provider will receive instruction from the [REDACTED] about where to shelter specifically. Once secured the provider will call or text the parent with emergency updates.

**Care Hours:**

[REDACTED]

**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.

**PROVIDER**

Printed Name:

Alicya Anderson

Signature:

[REDACTED]

Date:

10/20/2023

Phone:

[REDACTED]

**INSPECTOR**

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 10/19/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 2/12/2025	Time In: 1:30pm	Time Out: 2:48pm	Result: Follow up needed
Inspection Date: 2/13/2025	Time In: 1:30pm	Time Out: 1:40PM	Result: Passed

### Informal Care

Type of Care (check one): ☐ Non-relative Informal Provider Care ☒ Relative Informal Provider Care

#### Provider Information

First Name: Joyce	Last Name: Appiah	Provider ID: 573287
Provider ID #: [REDACTED]		Email: [REDACTED]

#### Care Location Inspected

Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 Address Verified?: Yes

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		4/4/2024	10months/ Y

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed.  
 Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	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	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	

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.	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: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local Department of Social Services Child Protective Services 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 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.

<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers	<input checked="" type="checkbox"/> Consider special toys or games
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> 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	
<b>Location of Emergency Ready to go Pack: Living room</b>	
<b>Item Specification (if needed):</b>	
<ul style="list-style-type: none"> <li>•</li> <li>To be observed for compliance on 2/13/2025 @ 1:30pm :</li> <li>• <u>Medication</u></li> <li>• <u>Cleaning Supply</u></li> <li>• <u>Flashlight</u></li> <li>• <u>Thermometer</u></li> <li>• <u>Scissors</u></li> </ul>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Joyce	Last Name Appiah
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b>Shelter In Place Procedures:</b>	
The Provider will gather the ready to go bag and the children, take them to the [REDACTED] #1 of doors, #2 of window(s)). The provider will contact parent before, during and after sheltering.	
<b>Evacuation Procedures:</b>	
The Provider will gather the children and the ready to go bag, they will be traveling [REDACTED] child [REDACTED] The provider will travel to [REDACTED] gaining access [REDACTED] to shelter in [REDACTED] #1 of doors, # 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, they will be traveling [REDACTED] child [REDACTED] The provider will travel to [REDACTED] gaining access [REDACTED] to shelter in [REDACTED] (#2 of doors, # of window(s)). The provider will contact parent before, during and after sheltering.	
<b>CARE HOURS:</b>	
- Monday-Friday 8am-5pm	

<b>Signatures &amp; Date</b>			
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.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: Joyce Appiah		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 2/13/25	Phone: [REDACTED]	Date: 2/13/2025	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 1/9/2025	Time In: 3:30 pm	Time Out: 4:17 pm	Result: Passed
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### Informal Care

Type of Care (check one):	<input checked="" type="checkbox"/> Non-relative Informal Provider Care	<input type="checkbox"/> Relative Informal Provider Care
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### Provider Information

First Name: Yaw	Last Name: Appleh	Provider ID: 531220
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

Street Address: [REDACTED]	City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Address Verified?: Yes				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		8/13/2011	13 years old/ Y
[REDACTED]		8/8/2012	12 years old/ Y

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed.  
 Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
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.	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: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>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.</b>	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 that the items are clean, organized, and usable. Comment and note below if needed.

<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> Backpack(s) or carrying case(s)
<input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Diapers	<input checked="" type="checkbox"/> Consider special toys or games
<input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Blanket(s)	



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes	
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes	
<b><u>Location of Emergency Ready to go Pack: In the youngest child's room</u></b>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name <b>Yaw</b>	Last Name <b>Appleh</b>
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b><u>Shelter In Place Procedures:</u></b>	
The Provider will gather the ready to go bag and the children, [REDACTED] <b>1 doors, 1 window(s)</b> . The provider will <b>call/text the</b> parent before, during and after sheltering.	
<b><u>Evacuation Procedures:</u></b>	
The Provider will gather the children and the ready to go bag, <b>the children will be holding hands</b> . The provider will [REDACTED] <b>(1 doors, 1 window(s))</b> . The provider will <b>call/text the</b> parent before, during and after sheltering.	
The Provider will gather the children and the ready to go bag, <b>the children will be holding hands</b> . The provider will [REDACTED] <b># of doors, # of window(s))</b> . The provider will <b>call/text the</b> parent before, during and after sheltering.	
<b><u>CARE HOURS:</u></b>	
-	

<b>Signatures &amp; Date</b>			
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.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: <b>YAW APPLEH</b>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <b>01/09/2025</b>	Phone: [REDACTED]	Date: <b>01/09/2025</b>	Phone: <b>1-877-227-0125</b>

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>10/11/2022</b>	Time In: <b>1:45PM</b>	Time Out: <b>2:45PM</b>	Result: Failed Needs Follow Up
Follow up Date: <b>10/12/2022</b>	Time In: <b>1:30PM</b>	Time In: <b>1:35PM</b>	Result: <b>PASSED</b>

  

**Informal Care**

Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care	
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**Provider Information**

First Name: <b>Victor</b>	Last Name: <b>Asana</b>	Provider ID: <b>498407</b>
Provider ID #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>		Email: <span style="background-color: black; color: black;">XXXXXXXXXX</span>

**Care Location Inspected**

Street Address: <b>711 Harry S. Truman Rd, Apt 101</b> City: <b>Largo</b> County: <b>PG</b> State: <b>MD</b> Zip Code: <b>20774</b> Address Verified? <b>Yes</b>				
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Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
<span style="background-color: black; color: black;">XXXXXXXXXX</span>		<b>05/17/2016</b>	<b>6 / No at school</b>
<span style="background-color: black; color: black;">XXXXXXXXXX</span>		<b>05/17/2016</b>	<b>6 / No at school</b>
<span style="background-color: black; color: black;">XXXXXXXXXX</span>		<b>01/15/2022</b>	<b>9 Mos./ Yes</b>

  

**Safety of the Home**

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.  
**Y – Yes, N – No, D – Discussed, n/a – Not Applicable**

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	<b>Y</b>	<b>Certificate Submitted</b>

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 infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Flush observed. Cleaning agents must be moved from under sink to higher cabinet
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	Light in fridge must turn on
• Has a working telephone	Y	Provider's cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band aids, Neosporin, Alcohol wipes, gauze
• 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	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Moved to higher cabinet
• Medications of any kind	Y	Upper cabinet
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	Moved to higher Cabinet
• Guns	Y	
• Cleaning agents	Y	



<ul style="list-style-type: none"> <li>Poisonous substances</li> </ul>	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.	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: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> </ul> </li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>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.</b>	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.

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

<input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> 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	
<b>Location of The Emergency Ready to go Pack: Closet in Master bedroom</b>	
<b>Item Specification (if needed):</b> 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,	
<b>Items to review on 10/12/2022 if needed: Observed 10/12/2022</b> Outlet covers, dining room, hallway, kitchen Light in the fridge Cleaning Agents moved from bathroom to the hallway closet	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: First Name [REDACTED] Last Name [REDACTED]	
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried	
<b>Shelter In Place Procedure:</b> 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.	
<b>Evacuation Procedures:</b> 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 [REDACTED]. The provider [REDACTED] let 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 [REDACTED]. 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 [REDACTED] car seat and the [REDACTED] 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.	

<b>Signatures &amp; Date</b>			
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.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: <b>Victor Asana</b>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 10/12/2022	Phone: [REDACTED]	Date: 10/12/2022	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 10/14/2024	Time In: 1:30pm	Time Out: 2:30pm	Result: Passed
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### Informal Care

Type of Care (check one): ☐ Non-relative Informal Provider Care ☒ Relative Informal Provider Care

#### Provider Information

First Name: Dominique	Last Name: Atkins	Provider ID: 561641
Provider ID #: [REDACTED]		Email: [REDACTED]

#### Care Location Inspected

Street Address: [REDACTED] City: [REDACTED] County: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 Address Verified?: Yes

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		3/2/2018	6yrs/ Y

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed.  
 Additional pages may be used for comments. Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
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 infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	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	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
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.	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: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a> .	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) <u>and</u> 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.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries <input checked="" type="checkbox"/> Portable First Aid Kit  <input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications-N/A	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers –N/A  <input checked="" type="checkbox"/> Change of clothes  <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
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 [REDACTED] (#1 of doors, #1 of window(s)). The provider will contact parent before, during and after sheltering.

#### **Evacuation Procedures:**

The Provider will gather the children and the ready to go bag, they will be traveling [REDACTED]  
The provider will travel to the evacuation location [REDACTED] gaining access [REDACTED]  
(#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, they will be traveling [REDACTED] The  
provider will travel to the evacuation location [REDACTED] gaining access [REDACTED] (#1 of  
doors, #1 of window(s)). 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.

PROVIDER		INSPECTOR	
Printed Name:		Printed Name [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: [REDACTED]	Phone: [REDACTED]	Date: 10/14/2024	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 3/22/2024	Time In: 1:30pm	Time Out: 2:11pm	Result: Passed
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**Informal Care**

Type of Care (check one):    ☐ Non-relative Informal Provider Care    ☒ Relative Informal Provider Care

**Provider Information**

First Name: Shirley	Last Name: Avery	Provider ID: 388835
Provider ID # [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

Street Address: [REDACTED]    City [REDACTED]    County [REDACTED]    State [REDACTED]    Zip Code [REDACTED]  
 Address Verified?: Yes

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		10/29/2013	10	/	N
[REDACTED]		8/08/2016	7	/	Y
[REDACTED]		1/08/2018	6	/	N

**Safety of the Home**

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed.  
 Additional pages may be used for comments.    Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	
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 infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	6 OUTLET COVERS
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	Y	On a high shelf in a locked room
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	
• Poisonous substances	Y	
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.	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: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>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.</b>	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 that the items are clean, organized, and usable. Comment and note below if needed.

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Flashlight             | <input checked="" type="checkbox"/> Bottled water       | <input checked="" type="checkbox"/> Folder or binder for EPP documents   |
| <input checked="" type="checkbox"/> Batteries              | <input checked="" type="checkbox"/> Non-perishable food | <input checked="" type="checkbox"/> Backpack(s) or carrying case(s)  |
| <input checked="" type="checkbox"/> Portable First Aid Kit | <input type="checkbox"/> Diapers N/A                    | <input checked="" type="checkbox"/> Consider special toys or games   |
| <input checked="" type="checkbox"/> Thermometer            | <input checked="" type="checkbox"/> Change of clothes   | <input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/<br>Packing Tape & Sealing Plastic/ Trash<br>Bags |
| <input type="checkbox"/> Medications N/A                   | <input checked="" type="checkbox"/> Blanket(s)          |  |

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

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

Location of Emergency Ready to go Pack: Near front f=door

Item Specification (if needed):

- Suite case
- 3 Sets of clothes
- Tape, Garbage bag and scissors
- 3 blankets
- 4 bottled waters
- 4 chef Boyardee
- 2 books

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 Shirley

Last Name Avery

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 children and gather the bag. The Provider will [REDACTED] (10 doors 2 windows). The Provider will text the Parent on the way to [REDACTED]

**Evacuation Procedures:**

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 [REDACTED]. The children would be secured in their seat belts and booster seats. They would head over to [REDACTED] (1 door 1 window). 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 walk with the children to [REDACTED]. They will shelter within a [REDACTED] (1 door 6 windows). The Provider will text the Parent on the way to the new location.

**CARE HOURS:**

[REDACTED]

**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.

PROVIDER		INSPECTOR	
Printed Name:	Shirley Avery	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date:	3-24-2024	Date:	3/22/2024
Phone:	[REDACTED]	Phone:	1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	
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Inspection Date: <b>03/02/2023</b>	Time In: <b>1:30PM</b>	Time Out: <b>2:50PM</b>	Result: <b>PASSED.</b>
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**Informal Care**

Type of Care (check one):    ☐ Non-relative Informal Provider Care    ☒ Relative Informal Provider Care

**Provider Information**

First Name: <b>Shirley</b>	Last Name: <b>Avery</b>	Provider ID: <b>388835</b>
Provider ID: [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

Street Address: [REDACTED]	City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
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Address Verified: **Yes.**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(11/22/2007)	15	/	N
[REDACTED]		(09/24/2010)	12	/	N
[REDACTED]		(10/29/2013)	9	/	N
[REDACTED]		(08/09/2016)	6	/	Y
[REDACTED]		(01/08/2018)	5	/	Y

**Safety of the Home**

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed.  
 Additional pages may be used for comments.                      **Y – Yes, N – No, D – Discussed, n/a – Not Applicable**

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal 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 rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All areas well-lit and ventilated
• Has hot and cold running water	Y	Tested by provider and steam observed
• Has a working inside toilet	Y	Tested by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Provider tested both settings of thermostat
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Home First Aid Kit kept on top dining room cabinet
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored on top of kitchen cabinet
• Medications of any kind	Y	Kept in provider's bedroom with locked door
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Stored on high shelf in basement
• <del>Poisonous substances</del>	<del>Y</del>	<del>Stored on high shelf in basement</del>

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: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	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: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>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;</li> <li>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.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local Department of Social Services Child Protective Services 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) <u>and</u> Emergency Documents.		
<b>Disaster Supply Kit</b>		
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.		
<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> Bottled water	<input checked="" type="checkbox"/> Folder or binder for EPP documents
<input checked="" type="checkbox"/> Batteries for Flashlight	<input checked="" type="checkbox"/> Non-perishable food	<input checked="" type="checkbox"/> 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)

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:** Emergency bag located in the front room near the front door.

**Item Specifications (if needed):**

- 1 duffle bag, 1 backpack, 1 suitcase, 6 blankets, 1 thermometer 1 flashlight light, 1 add. battery, Kaniyah's asthma pump, 2 small first aid kits, 6 bottled waters, 6 canned foods, 5 outfits (top/bottom), 5 books, 1 pair of scissors, 1 roll of packing tape, 1 roll of trash bags, and folder of EPP/ECMA docs, no diaper age children

**Items to be reviewed on xx/xx/xxxx if needed:** N/A

**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: **Carry the duffle bag, backpack and roll the suitcase.**

**Shelter-in-Place Procedures:**

Provider will grab the emergency bags and account for the children in care and go into the basement (1 door 1 window). If the need should arise the provider will use the tape and sealing plastic to cover the window or door. Provider will call and text the parent to inform her of the emergency as they are headed to the basement.

**Evacuation Location(s) Procedures:**

**Primary:** The provider will gather the children and ready-to-go bags and will call her son to pick them up by vehicle. The (3) older children will be secured in their seat belts, (1) toddler in their booster and (1) small child in their car seat. Then the provider will secure herself in the car. Upon arrival [REDACTED] they will shelter in the basement (1 door 1 window). The provider will contact the parent via call or text on their way to the evacuation location and once they are safe.

**Alternate:** If they could not access the primary location, the provider along with the children and emergency bags [REDACTED] Provider will hold the hands of the youngest child and have all the other kids holding hands as they walk and cross the street. Upon arrival at [REDACTED] the provider will speak with a [REDACTED] about where to shelter. She will then call the parent and inform her of the emergency or her son if they need to be picked up from the library for any reason.

**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.

**PROVIDER**

**INSPECTOR**

Printed Name: *Shirley Avery*

Printed Name: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Date: *03-2-2023* Phone: [REDACTED]

Date: 03/02/2023

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 02/23/2022	Time In: 3:30PM	Time Out: 4:40PM	Result: Passed if returned by 5PM on 2/24/2022
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### Informal Care

Type of Care (check one): ☐ Non-relative Informal Provider Care ☒ Relative Informal Provider Care

### Provider Information

First Name: Shirley	Last Name: Avery	Provider ID: 388835
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

Street Address: [REDACTED] City [REDACTED] County [REDACTED] State [REDACTED] Zip Code [REDACTED]  
 Address Verified?

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		08/09/16	5 / Y
[REDACTED]		10/29/13	8 / Y
[REDACTED]		09/24/10	11 / Y
[REDACTED]		10/22/2009	12 / Y
[REDACTED]		11/22/2007	14 / Y
[REDACTED]		1/8/2018	4 / Y

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.  
 Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	
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 infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	Lots of natural and artificial lighting.
• Has hot and cold running water	Y	Steam observed on the mirror
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	Stove burners observed
• Has a working and safe heating system	Y	Turned up from 68 to 71 degrees
• Has a working refrigerator and stove	Y	Refrigerator light and frozen food observed
• Has a working telephone	Y	House phone. Outbound call observed.
• Has operational smoke detector(s)	Y	Test button pressed. The alarm sounded.
• Has first aid kit/supplies	Y	Band aids, gauze, compress wipes, gloves
• Has protective coverings on any electrical outlet that is accessible to children	Y	In all rooms outlets that were not in use are covered. Most outlets behind heavy furniture.
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	On top of the counter
• Medications of any kind	Y	Locked in Mom's room
• Matches, lighters and flammable products	Y	None in the house
• Alcoholic beverages	Y	None
• Guns	Y	none
• Cleaning agents	Y	Locked in the basement door locked

<ul style="list-style-type: none"> <li>• Poisonous substances</li> </ul>	Y	Other than medications and cleaning solutions
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
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.	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: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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.</li> </ul>	Y Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including:</li> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul>	Y	
<b>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.</b>	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.

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Flashlight               | <input checked="" type="checkbox"/> Bottled water       | <input checked="" type="checkbox"/> Folder or binder for EPP documents |
| <input checked="" type="checkbox"/> Batteries for Flashlight | <input checked="" type="checkbox"/> Non-perishable food | <input checked="" type="checkbox"/> Backpack(s) or carrying case(s)    |
| <input checked="" type="checkbox"/> Portable First Aid Kit   | <input type="checkbox"/> Diapers N/A                    | <input checked="" type="checkbox"/> 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 accessible in the event of an emergency (Y/N)? Y

**Location of The Emergency Ready to go Pack:** By the front door.**Item Specification (if needed):**

First aid - Ice pack, hand sanitizer, first aid cream, eye wash,  
Band aids gauze, Q-tips, tweezer, Alcohol pads, finger tourniquet, scissors, gloves, safety pins, tape for the gauze  
3 Medium containers of ravioli for the younger children and 3 large cans of chef Boyardee  
3 Large blankets  
Books, each child also has a iPhone for entertainment  
6 pants, 6 shirts, 6 under wares, 6 pairs of socks.

**Items to review on xx/xx/xxxx If needed:****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 [REDACTED]

Last Name [REDACTED]

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

**Shelter In Place Procedure:**

The provider will gather the kids and holding hands of the younger children, [REDACTED] and proceed to the basement, while [REDACTED] grab the emergency to go bag and food Bag. Unlock the basement door and descend with all the children. The basement has one window and one door. Provider will text parent during once secure.

**Evacuation Procedures:**

The provider will gather the kids and holding hands of the younger children [REDACTED] while [REDACTED] grab the emergency to go bag and food Bag. They will then proceed out of the care location and [REDACTED].

The provider will text or call once they get to [REDACTED].

**Alternate Location:**

The provider [REDACTED] the children and transport them to [REDACTED]. The provider will put the younger children in car seat in the car and booster seat while the older children secure themselves with seat belts. Provider will try calling parent or text, [REDACTED].

**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.

**PROVIDER**

Printed Name: Shirley Avery

Signature: [REDACTED]

**INSPECTOR**

Printed Name: [REDACTED]

Signature: [REDACTED]



Date: 2-24-2022	Phone: [REDACTED]	Date:	Phone: 1-877-227-0125

<input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: [redacted] and.g ccs.infor [redacted] ov
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Inspection Date: 06/13/2023	Time In: 10:30AM	Time Out: 12:01PM	Result: <b>PASSED</b>
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### Informal Care

Type of Care (check one): ☒ Non-relative Informal Provider Care ☐ Relative Informal Provider Care

### Provider Information

First Name: Lilliana	Provider ID: 516772
sores	Email: [redacted]

### Care Location Inspected

Street Address: [redacted] City: [redacted] County: [redacted] State: [redacted] Zip Code: [redacted]  
 Address Verified? Yes.

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
[redacted]		(08/13/2012)	10yr. / N	[redacted]
[redacted]		(10/13/2019)	3yr. / N	[redacted]
[redacted]		(10/13/2021)	1yr. / N	[redacted]

### Safety of the Home

Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments.  
 Y – Yes, N – No, D – Discussed, n/a – Not Applicable

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non- Relative Informal 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	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has cold running water	Y	Tested by provider [redacted] on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has [redacted]	Y	First aid kit stored in locked kitchen
• Has protective coverings on electrical outlet that is [redacted]	Y	All outlets covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in locked kitchen drawers
• Medications of any kind	Y	Does not own
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Only cleans with vinegar
• 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 diapering area.	Y	Changing station in living room area
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Diapers taken out daily
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	All diapering supplies available near changing area
Handwashing procedures are followed. Provider and child's hands washed thoroughly with running water after: <ul style="list-style-type: none"> <li>Toileting</li> <li>Diapering, before and after</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease</li> </ul>	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: <ul style="list-style-type: none"> <li>Physical injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>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;</li> <li>Mental injury to a child, or a substantial risk of mental injury caused by the failure to give proper attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Smacking, hitting, shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a> .	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.

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Flashlight               | <input checked="" type="checkbox"/> Bottled water       | <input checked="" type="checkbox"/> Folder or binder for EPP documents |
| <input checked="" type="checkbox"/> Batteries for Flashlight | <input checked="" type="checkbox"/> Non-perishable food | <input checked="" type="checkbox"/> Backpack(s) or carrying case(s)    |
| <input checked="" type="checkbox"/> First Aid Kit            | <input checked="" type="checkbox"/> Diapers             | <input checked="" type="checkbox"/> Consider [redacted]                |
| <input checked="" type="checkbox"/> [redacted]               | <input checked="" type="checkbox"/> Change of clothes   | <input checked="" type="checkbox"/> Heavy Duty [redacted]              |
| <input checked="" type="checkbox"/> Medications              | <input checked="" type="checkbox"/> Blanket(s)          | packing tape [redacted] bags   |



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:** Stored near front door exit

**Item Specification (if needed):**

- 2 flashlights, 1pkf of A3A batteries, 1 roll of duct tape, 1 first aid kit, 1 thermometer, no spec meds, 4 bottled waters, 3 canned foods, 3 pks of sardines, 4 diapers, 1 pk of wipes, 3 outfits (top/bottom), 3 blankets, folder w/ EPP and ECMA docs, 1 backpack(carrying case), small stuffed animals, 1 pair of scissors, and roll of sealing plastic

- Items to be reviewed on xx/xx/xxxx: N/A

**Emergency Documents**

☒ Informal Emergency Preparedness Plan (this completed form)

**Planning and Maintenance**

Person responsible for Emergency Ready-to-Go Pack and Emergency Documents

First Name

Anja

Last Name

Fernandez Placencia (Parent)

Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by

Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by

The provider will take the children in care and call 911 if needed, and then activate house alarm. The provider will take the children and head to basement bathroom (1 door 0 windows). After they are settled she will use sealing plastic and tape to seal the space if needed and call, text or video call the parent.

**Evacuation Procedures**

**Primary:** The provider will account for the children, grab the ETG and call 911 if needed. The provider and children will walk to the provider's vehicle and she will then secure both smaller children 1 in rear-facing car seat, 1 in forward-facing car seat and the oldest child in the car seat. After secured she will drive, upon arrival she will receive instruction from of where to shelter and once secured she will call or text the parent.

**Alternate:** If they could not access the primary location, the provider will gather the children and ERTG and call 911 if needed. She will secure the youngest child in the rear-facing car seat, middle child in forward-facing car seat and oldest child in car seat belt. They will drive to and. Once there will let the children in, they will shelter in the (1 door 0 windows). Once secured she will call or text the parent.

Care Hours:

**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.

PROVIDER		INSPECTOR	
Printed Name:	Liliana Ayala Osorio	Printed Name:	
Signature:		Signature:	
Date:	06/13/2023	Date:	06/13/2023
Phone:		Phone:	1-877-227-0125