

Child Care Scholarship Program

Informal Child Care Monitoring Inspections

A

First letter of the provider's last name.

Posted January 2024

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	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 03/09/2023	Time In: 10:30AM	Time Out: 11:59AM	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: Misku	Last Name: Abafogi	Provider ID: 508857
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
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	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"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse , including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment , including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

The Emergency Ready-to-Go Pack 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	
Location of The Emergency Ready to go Pack: In the closet of the playroom	
Item Specification (if needed): - 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	
Items to be reviewed on xx/xx/xxxx: N/A	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
Planning and Maintenance	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name Misku	Last Name Abafogi
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: rolled by the provider.	
Shelter In Place Procedure: 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.	
Evacuation Procedures: Primary: 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]. Alternate: 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.	

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: Misku Abafogi		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: 03/09/2023	Phone: [REDACTED]	Date: 03/09/2023	Phone: 1-877-227-0125

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

Informal Care

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

Provider Information

First Name: Ursula	Last Name: Abron	Provider ID: 495568
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"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse , including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment , including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local 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 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

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

Last Name

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:

Signature:

Date:

09/26/2022

Phone:

Date: 09/26/2022

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
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Inspection Date: 5/5/2021	Time In: 1:00 PM	Time Out: 3:00 PM	Result: APPROVED
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Informal Care

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

Provider Information

First Name: Nicole	Last Name: Adams	Provider 462589 Email:
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Care Location Inspected

Street Address:	City	County	State	Zip Code

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		11/5/2019	1	/	Y
		11/5/2019	1	/	Y
				/	Y
				/	Y
				/	Y
				/	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?		
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	Landline and Mobile phones only
• 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	

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

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"/> Scissors, tape & sealing plastic |

<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	
Disaster Supply Kit Comments/Notes: Huge tote bag which is stored by the front door for easy access in the case of an emergency.	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> 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: The Provider will grab the Ready-To-Go kit from behind the front door and walk the children to [REDACTED] The secondary evacuation location is [REDACTED], which is located on [REDACTED]. The Provider will grab the Ready- to- Go kit from behind the door and walk to the family's vehicle. The Provider will secure each child in her car seat before relocating to the destination. Once in [REDACTED], the Provider will contact the parent by mobile phone via text and calls. The Provider will stay updated with the news using the smartphone too.	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.			
PROVIDER		INSPECTOR	
Printed Name:		Printed Name:	
Signature:		Signature:	
Date:	Phone:	Date: 5/5/2021	Phone: 410-767-7832

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 06/13/2023 Follow-up Inspection Date: 06/16/2023	Time In: 2:00PM Time In: 9:30AM	Time Out: 3:19PM Time Out: 9:45AM	Result: Follow-up Required. 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: Yarisa	Last Name: Almonte	Provider ID: 516870
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
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	
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"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit .	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

☒ Flashlight

☒ Bottled water

☒ Folder or binder for EPP documents

☒ Batteries for Flashlight

☒ Non-perishable food

☒ Backpack(s) or carrying case(s)

<input checked="" type="checkbox"/> Portable First Aid Kit <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Medications	<input checked="" type="checkbox"/> Diapers (N/A) <input checked="" type="checkbox"/> Change of clothes <input checked="" type="checkbox"/> Blanket(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
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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)
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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		INSPECTOR	
Printed Name:	Yarisa Almonte	Printed Name:	[redacted]
Signature:	[redacted]	Signature:	[redacted]
Date: 7/13/2023	Phone: [redacted]	Date: 06/16/2023	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 11/04/2022	Time In: 3:30PM	Time Out: 5:08PM	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: Felonie	Last Name: Altema	Provider ID: 497963
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

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

Emergency Ready-to-Go Pack

The Emergency Ready-to-Go Pack 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	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 10/17/2023 Follow-up Inspection Date: 10/19/2023	Time In: 9:30AM Time In: 10:00AM	Time Out: 10:27AM Time Out: 11:03AM	Result: Follow-up Required. Follow-up 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: Alicya	Last Name: Anderson	Provider ID: 526743
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
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 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)
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 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
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	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"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services 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

✓ Virtual Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST
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Inspection Date: 09/17/2021 Follow-up Inspection Date: 09/20/2021	Time In: 2:00 PM Time In: 11:00 AM	Time Out: 3:22 PM Time Out: 11:10 AM	Result:
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Informal Care

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

Provider Information

First Name: Myelle	Last Name: Anderson	Provider ID: 401598
License #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		11/16/2008	12 / N	
[REDACTED]		10/28/2009	11 / N	
[REDACTED]		12/24/2019	1 / 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	Relative Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	Displayed all common areas, kitchen, living room, dining room and family room
• Is free of insect or rodent infestation	Y	No indication of infestation, home was tidy
• Is well-lit and well-ventilated	Y	All windows in all areas with multiple light ceiling fixtures
• Has hot and cold running water	Y	Tested faucet/viewed steam on hot water and cold water
• Has a working inside toilet	Y	Flushed the toilet
• Has utilities for cooking, lighting and heating	Y	Kitchen supplies on cabinet and kitchen drawer (knife in drawer with a knife cover) no locks 9/20 – Provider corrected this issue and moved knife to upper storage area and added locks to the lower cabinets
• Has a working and safe heating system	Y	Tested the thermostat and works properly
• Has a working refrigerator and stove	Y	Tested stove burner, stove light, fridge and freezer functioning properly
• Has a working telephone	Y	Cellphones only, extra working cellphone for emergency

• Has operational smoke detector(s)	Y	Tested both upstairs and downstairs detectors
• Has first aid kit/supplies	Y	In bathroom closet, needs a lock on the door 9/20 – Provider corrected this issue and added a knob lock to the closet door
• Has protective coverings on any electrical outlet that is accessible to children	Y	Electrical outlets covered 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	On kitchen counter (back of counter) and in drawer
• Medications of any kind	Y	Medicine cabinet above the toilet, no lock 9/20 – Provider corrected this issue and moved all medicine item to the lower cabinet area and added lock
• Matches, lighters and flammable products	Y	Does not own any
• Alcoholic beverages	Y	Does not own any
• Guns	Y	Does not own any
• Cleaning agents	Y	Top shelf of amour, and high shelf with a stepping below & no lock 9/20 – Provider corrected this issue and moved to low cabinet with a lock added
• Poisonous substances	Y	Does not own any
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	Using change pad in the bathroom area, and is also being potty trained
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Disposed of in the lower-level bathroom trash can emptied daily
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"> • Toileting. • Diapering. • Before food preparation and eating. • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	Soap stations are clean and stocked in the bathroom and kitchen
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"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm. • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth 	Y	

<ul style="list-style-type: none"> Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 		
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also, 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 <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"/> Scissors, tape & sealing plastic
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		
Disaster Supply Kit Comments/Notes: Has the kit stored by the door for easy access. Inhaler, change of clothes for each child, diapers/wip blanket, all 5 pages, extra car seat in the house and in providers car, 3 children's books, houseware scissors, masking tape and heavy-duty trash bag		
Emergency Documents		
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> 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:		
Shelter-in-Place: Depending on the situation will go to the living or upstairs room and will lock the door, will grab the kids and emergency to-go bag, living room has 1 window and 1 door. A room upstairs (her bedroom) has 3 windows and 2 doors (hallway entry/bathroom entry). Contact the parent and notify them of the shelter-in place (via text or call) and inform her of the emergency.		
Evacuation (Primary): Grab the kids and the to-go bag, grab the keys and their home keys, go to the car the 11yr/12yr can buckle themselves and she will put the 1yr old in her car seat, as she's driving to children's home, she will call the parent or text them and inform them of the emergency. Upon arrival to sister's house, go into the living room area for refuge, living has 1 entry door and 1 window.		
Evacuation (Alternate): Grab the kids, grab the kit/keys and go to [redacted] home, 11yr/12yr will buckle themselves, strap [redacted] in car seat, drive to next location, contact parent via phone and text as she's on her way to the next location, has the key to the home for easy entry, into her basement with 2 small windows and only one exit door that leads to the backyard.		

Signatures & Date	
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.	
PROVIDER	INSPECTOR
Printed Name: Myelle Anderson	Printed Name: [redacted]

Signature: [REDACTED]		Signature: [REDACTED]	
Date: 9/20/21	Phone: [REDACTED]	Date: 09/20/2021	Phone: 1-877-227-0125

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

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: Victor	Last Name: Asana	Provider ID: 498407
Provider ID #: [REDACTED]		Email: [REDACTED]

Care Location Inspected

Street Address: 711 Harry S. Truman Rd, Apt 101 City: Largo County: PG State: MD Zip Code: 20774				
Address Verified? Yes				

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
[REDACTED]		05/17/2016	6	/ No at school
[REDACTED]		05/17/2016	6	/ No at school
[REDACTED]		01/15/2022	9 Mos./	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	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"> 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"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse , including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect , including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment , including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services 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.

<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	
Location of The Emergency Ready to go Pack: Closet in Master bedroom	
Item Specification (if needed): 4 shirts, 2 shorts, 2 pants, 2 onesies, underwear, 4 diapers, pack of wipes, 4 extra AA batteries, Band aids, gauze, tape, alcohol wipes, Neosporin, gloves, Benadryl 3 16oz water bottles, 2 cans of sardines & of chicken, baby food Apple spinach and kale, sweet potato, fruit snacks, bel vita crackers, crackers,	
Items to review on 10/12/2022 if needed: Observed 10/12/2022 Outlet covers, dining room, hallway, kitchen Light in the fridge Cleaning Agents moved from bathroom to the hallway closet	
Emergency Documents	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> 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 grab the children and head to the Master bedroom closet, the ERTB will already be in the closet. The closet has one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure.	
Evacuation Procedures: The provider will grab the ERTB from the closet, put the baby in the car seat and gather the two older boys children, and proceed to the provider's vehicle where he will secure the baby in his car seat and the older boys in their seatbelts before driving to the primary evacuation location [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.	

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: Victor Asana		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	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	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"> • 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"> • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> • Physical injury • Any sexual abuse • Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> • The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; • Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> • Any deliberate act that hurts a child physically or emotionally, including: • Spanking, Biting, Hitting, Shaking • Any other means of physical discipline • Not attending to a child's physical needs • Shouting, Cursing, Shaming, Ridiculing • Washing a child's mouth with soap • Putting pepper or other spicy or distasteful items in a child's mouth • Requiring a child to stand on one foot as punishment • Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

The Emergency Ready-to-Go Pack 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 checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	
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Inspection Date: 5/12/2021	Time In: 10:00 AM	Time Out: 12:00 PM	Result: APPROVED
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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
		Email:

Care Location Inspected

Street Address:	City	County	State	Zip Code

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
		9/19/2006	14	/	Y
		11/22/2007	13	/	Y
		8/9/2016	4	/	Y
		10/22/2009	11	/	Y
		9/24/2010	10	/	Y
		1/8/2018	3	/	Y
		10/29/2013	7	/	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	
• 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	Mobile phones
• 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	N/A	No daily medication given
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	N/A	No protection/ no weapon in the home
• Cleaning agents	Y	

<ul style="list-style-type: none"> 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"> Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury Any sexual abuse Mental injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local 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"/> Scissors, tape & sealing plastic |

☒ 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

Disaster Supply Kit Comments/Notes:

Very organized, items were all placed in a large bag. Every child had their own device/toy and set of clothes. There was enough non-perishable food supplied for the children in care. The bag will be stored in the coat closet by the front door

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:

The Ready-to-Go Pack is easily accessible in the closet by the front door. The Provider will collect the children from their rooms, dress them appropriately for the weather. The older children will hold on to the younger children's hand and walk out the house. Once outside, the Provider will count the children and walk to [REDACTED] Provider will use her cell phone to call [REDACTED] to pick them up and relocate to [REDACTED]. The Provider will communicate with the parent using text message before, during and after the evacuation.

Signatures & Date

Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.

PROVIDER**INSPECTOR**

Printed Name:

Printed Name:

Signature:

Signature:

Date:

Phone:

Date: 5/12/2021

Phone: 410-767-7832

<input type="checkbox"/> In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	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: 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: 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 pest 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 [redacted]
• 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 [redacted]
• Has protective coverings on 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 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"> Toileting Diapering, changing, and After playing outdoors; and At other times when necessary to prevent the spread of disease 	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> Physical injury 	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury caused by the failure to give proper attention to a child. 	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> Spanking, hitting, shaking Any means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services 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.

- | | | |
|--|---|--|
| <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"/> Thermometer | <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)

☐ Emergency

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

Shirley Placencia

The provider will take the children in care and call 911 if needed, and then activate house alarm. The provider will take the ERTG and 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

Printed Name:

Liliana Ayala Osorio

Signature:

Date: 06/13/2023

Phone:

INSPECTOR

Printed Name

Signature:

Date: 06/13/2023

Phone: 1-877-227-0125