

Child Care Scholarship Program Informal Child Care Monitoring Inspections



First letter of the provider's last name.

Posted March 2025

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marylandpublicschools.org

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

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

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

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

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

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

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

Date: 10/7/2024 Phone

Date: 10/7/2024

Phone: 1-877-227-0125

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

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

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

⊠Thermometer

Medications

Change of clothes

Blanket(s)

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

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

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

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

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

Revised 10/2021

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

Proje 2 of 3

Revised 10/2021

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

Revised 10/2021

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

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

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

Virtual Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST						
nspection Date: 10/17/2023 Time In: 9:30AM Follow-up Inspection Date: 10/19/2023 Time In: 10:00AM			Time Out: 10:27AM Res Time Out: 11:03AM Follo		:: Follow-up Required. -up Result: PASSED		
Informal Care					e Informal Prov	idor Care	
Type of Care (check one):	Non-relat	tive Info	rmal Provider C	are Arelative	e informal Flov		
Provider Information					Denvida	r ID: <u>526743</u>	
First Name : Alicya Provider ID #:		Last	Name: Anderso	on	Email:	10. <u>520140</u>	
Care Location Inspected Street Address	City:	C	ounty:	State Zip C	ode:		
Address Verified? Yes.			a t-t-schip	Date of Birth	Age /	Present (Y/N)	
Name of Children in Care	(add pages if need	ded)	Scholarship	(09/10/2016)	7yr. Y		
damo et				(contract in			
	Contraction of the later	Sec. Sec.			Stranger and and a stranger		
Safety of the Home	a find the state of the		hatendard Note	any comments or c	orrective action	s needed. Additional	
Safety of the Home Directions: Review and dete	rmine compliance	with eac	n standard. Hote	Y - Yes, N - No,	D - Discussed	n/a – Not Applicable	
pages may be used to	Contract of the state	a saidh		Standard Met Y/N	Corrective A	ction /Timeframe if needed	
the and Safety Training:		Y	Relative Informal Care – Certificate Submitte				
a via Health and Safety Training Completed			Standard Met Y/N	Comments/I Corrective A	Notes Action /Timeframe if needed		
Home is free of health an	d safety hazards	des line	and a share to be	Y	All areas were clean		
d ropair				Y		No evidence of infestation	
Is in good repair Is free of insect or	rodent infestation			Y	All lights were turned on and natural window		
Is well-lit and well-	ventilated			Y	lighting Tested by provider and observed by ice melting under kitchen faucet		
 Has hot and cold 					Flushed by provider and observed		
 Has hot and cold 	ide toilet			Y	Flushed by provider and observed		
 Has a working ins Has utilities for co 	aking lighting and	heatin	g	Y	Thermor	stat tested by provider for cooling &	
 Has utilities for co 	Oking, ight g	tem		Y	Thermos	heating	
Has a working and	d safe heating sys	tem		Y	Te	sted by provider and observed	
Has a working ref		9		Y	Outbound call made by informal team to provide phone		
Has a working tele	ephone			Y	Te	sted by provider and observed	
Has operational s	moke detector(s)	_		Y	First aid kit	stored in basket in provider's bathroon	
Has first aid kit/supplies			Y	Corrective Action Completed: All outlets were covered or occupied (all bathrooms, 3 bedroor			
 Has protective com 	verings on any ele	Clindar			kitchen ha		
accessible to child	ren			Standard Met Y/N	Comments/	llways(upstairs/downstairs, living room	
accessible to child Harmful items are stored children:	appropriately an			Standard Met	Comments/ Corrective	llways(upstairs/downstairs, living room Notes	
Harmful items are stored children: • Sharp or pointed	appropriately an items			Standard Met Y/N	Comments/ Corrective	llways(upstairs/downstairs, living room Notes Action /Timeframe if needed	
Accessible to child Harmful items are stored children: • Sharp or pointed	appropriately an items v kind	d away		Standard Met Y/N Y	Comments/ Corrective	Ilways(upstairs/downstairs, living room Notes Action /Timeframe if needed knife holder on the back of the counter	
Accessible to child Harmful items are stored children: • Sharp or pointed	appropriately an items y kind and flammable pr	d away		Standard Met Y/N Y Y	Comments/ Corrective / Stored in H Store	Ilways(upstairs/downstairs, living room Notes Action /Timeframe if needed knife holder on the back of the counter red on top shelf bathroom closet	

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

Ŀ,

⊠Non-perishable food ⊠Diapers (N/A)

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

⊠Thermometer	⊠Change of clothes	⊠ Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags
Medications (N/A)	⊠Blanket(s)	
Items in the Disaster Supply Kit are clea	an, organized, and usable (Y/N)? Y	
	able and easily accessible in the event of an emerge	ancy (Y/N)? Y
dried and canned foods, 1 blank (top/bottom), change of clothes a ltems to be reviewed on 10/19/20 Outlet coverings in multiple area Locks for bathroom and kitchen	, 1 first aid kit, 1 thermometer, no specific medic et, a few toys, 3 heavy duty trash bags, 1 roll of and folder w/ EPP and ECMA docs 23: Corrected & Reviewed on 10/19/2023 s (bedrooms, common spaces, hallways, kitcher cabinets with cleaning products	duct tape, 2 tote bags (carrying case), 1 outfit
	s and folder w/ EPP and ECMA docs	
Emergency Documents		
☑Informal Provider Emergency F ☑Authorization for emergency m	Preparedness Plan (this completed form) edical care	
Planning and Maintenance		
Person responsible for updating the Disa	aster Supply Kit and the Emergency Documents r	egularly:
First Name Alicya	Last Name Anderson	
Description of how the Emergency Read	y-to-Go Pack will be transported to an evacuation	location: carried by the provider.
Shelter In Place Procedure:		
Evacuation Procedures Primary: The provider will account child a Upon arrival the provident of the provident	and grab the ERTG, The provider will ensure the der will door 1 window). Once secured the provider w	e provider and child would take shelter in the
	Upon arrival the provider will account child and Upon arrival the provider will d the provider will call or text the parent with eme	
gnatures & Date		
cknowledgement: By signing below the pa een discussed. The parties also acknowle op up visit which will be conducted virtually	rties acknowledge that all standards have been i dge that, if approved, the home in which care is j y or In-person.	reviewed, and any corrections if needed have provided is subject to random traces
THOTIDER		
inted Name: Alacta	Printed Name:	INSPECTOR
inature		
	Signature:	
te: 10 20 2023 Phone:	Signature: Date: 10/19/2023	Phone: 1-877-227-0125

A

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

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

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

Change of clothes

Medications Blanket(s)

MSDE OCC Informal Care Inspection Checklist 2020-03-26

⊠ Thermometer

Packing Tape & Sealing Plastic/ Trash

Bags

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

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

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

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

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

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

Date: 01/09/2025

Phone:

Date: 01/09/2025

Phone: 1-877-227-0125

⊠Virtual Inspection □In-person Inspection	Maryland State Department of Education/Office of Child Care Return to: Child Care Scholarship Program ccs.informalproviders(ov INFORMAL CARE ov					
Inspection Date: 10/11/2022		Time	In: 1:45PM	Time Out: 2:45PI		:: Failed
Follow up Date: 10/12/2022		Time	In: 1:30PM	Time In: 1:35PM		: Follow Up :: PASSED
Informal Care						
Type of Care (check one):	□ Non-relati	ve Info	rmal Provider Ca	are ⊠Relative	Informal Pro	vider Care
Provider Information						
First Name : Victor Provider ID #:	ť	Last N	lame: Asana		Provid Email:	er ID: 498407
Care Location Inspected					Errian.	
Street Address: 711 Harry S. Address Verified? Yes	. Truman Rd, Ar	ot 101	City: Largo	County: PG Sta	te MD Zip	Code: 20774
Name of Children in Care (a	add pages if need	ed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
		,	-	05/17/2016	6 / No at	schoo
				05/17/2016	6 / No at	schoo
			l.	01/15/2022	9 Mos./ Ye	28
		_				
Safety of the Home				•		
Directions: Review and determ pages may be used for comme		ith eac				ns needed. Additiona l d, n/a – Not Applicable
Health and Safety Training:	:			Standard Met Y/N	Comments Corrective	s/Notes Action /Timeframe if needed
Basic Health and Safety Train	ning Completed?	•		Y		Certificate Submitted
Home is free of health and	safety hazards:			Standard Met Y/N	Comments Corrective	s/Notes Action /Timeframe if needed
Is in good repair				Y		
Is free of insect or ro				Y	No sign of	infestation
Is well-lit and well-ve				Y		
 Has hot and cold rul 	nning water			Y	Steam obs	
Has a working inside	e toilet			Y		rved. Cleaning agents must be moved sink to higher cabinet
 Has utilities for cook 	king, lighting and	heating	9	Y		
 Has a working and s 	safe heating syst	em		Y		
 Has a working refrig 	-			Y	Light in fridge must turn on	
 Has a working telep 				Y	Provider's cell called	
 Has operational smoothing 	()			Y	ļ	
 Has first aid kit/supp 				Y	Band aids,	Neosporin, Alcohol wipes, gauze
 Has protective cove accessible to childre 		ctrical c	outlet that is	Ŷ		
Harmful items are stored a children:	ppropriately and	d away	from	Standard Met	Comments/ Corrective	
Sharp or pointed iter	A1 1 1 1 1			Y/N		Action /Timeframe if needed
Medications of any kind				Y/N Y	Moved to hig	
					Moved to hig	gher cabinet
 Matches, lighters and 	kind	ducts		Y		gher cabinet
· · ·	kind nd flammable pro	ducts		Y Y	Upper cabin	gher cabinet
Matches, lighters an	kind nd flammable pro	ducts		Y Y Y	Upper cabin	gher cabinet et

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

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

⊠Blanket(s)

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

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

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

Item Specification (if needed):

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

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

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

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

Outlet covers, dining room, hallway, kitchen

Light in the fridge

Cleaning Agents moved from bathroom to the hallway closet

Emergency Documents

Informal Provider Emergency Preparedness Plan (this completed form)

⊠Authorization for emergency medical care

Planning and Maintenance

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

First Name

Last Name

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

Shelter In Place Procedure:

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

Evacuation Procedures:

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

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

Signatures & Date

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

P	ROVIDER		IN	SPECTOR	
Printed Name: Vict	or Asana	Printed Name:			
Signature:		Signature:			
Date: 0/12/2022	Phone:	Date: 10/12	2/2022	Phone: 1-87	7-227-0125

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

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

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

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

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

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

7

MSDE OCC Informal Care Inspection Checklist 2020-03-26

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

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

г

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

⊠Virtual Inspection □In-person Inspection	Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST				
Inspection Date: 03/02/2023	Time	e In: 1:30PM	Time Out: 2:50	PM Result PASSED.	
Informal Care					
Type of Care (check one):	□ Non-relative Info	ormal Provider C	are ⊠Relative	e Informal Provider Care	
Provider Information					
First Name: Shirley Provider ID:	Last	Name: Avery		Provider ID: <u>388835</u> Email:	
Care Location Inspected					
Street Address: Address Verified: Yes.	City	County	Stat	e Zip Code	
Name of Children in Care (a	add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)	
			(11/22/2007)	15/N	
			(09/24/2010)	12/N	
			(10/29/2013)	9/N	
			(08/09/2016)	6/Y	
			(01/08/2018)	5/Y	
Safety of the Home					
Directions: Review a Additional pages may	nd determine compliance be used for comments.	e with each stand	ard. Note any comr Y – Yes, N – No,	nents or corrective actions needed. D – Discussed, n/a – Not Applicable	
Health and Safety Training	:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Basic Health and Sa	afety Training Complete	ed?	Y	Relative Informal Care – Certificate Submittee	
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 re 	odent infestation		Y	No evidence of infestation	
 Is well-lit and well-velled 	entilated		Y	All areas well-lit and ventilated	
 Has hot and cold ru 	nning water		Y	Tested by provider and steam observed	
 Has a working insid 	e toilet		Y	Tested by provider and observed	
 Has utilities for cool 	king, lighting and heatin	g	Y		
 Has a working and 	safe heating system		Y	Provider tested both settings of thermostat	
 Has a working refrig 	jerator and stove		Y		
 Has a working telep 	hone		Y	Call made to provider's phone	
 Has operational sm 	oke detector(s)			Tested by provider and observed	
 Has first aid kit/supp 			Y	Home First Aid Kit kept on top dining room cal	
 Has protective coverings on any electrical outlet that is accessible to children 			Y	Home First Aid Kit kept on top dining room cabin	
	erings on any electrical	outlet that is		Home First Aid Kit kept on top dining room cabin All outlets covered or occupied	
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GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed No diaper age children in care No diaper age children in care	
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	No diaper age children in care	
 Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease. 	Y		
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
 A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury 	Y		
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child. 	Y		
 A child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Spanking, Biting, Hitting, Shaking Any other means of physical discipline Not attending to a child's physical needs Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Putting pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y		
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y		

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

Disaster Supply Kit

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

⊠ Flashlight

Bottled water

Selder or binder for EPP documents

Batteries for Flashlight

⊠Non-perishable food

⊠Backpack(s) or carrying case(s)

Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games			
⊠Thermometer	⊠Change of clothes	Heavy duty scissors, duct or packing tape & sealing plastic or heavy duty trash bags			
Medications	⊠Blanket(s)	C C			
Items in the Disaster Supply Kit are clean, organiz	ed, and usable (Y/N)? Y				
Emergency Ready-to-Go Pack is available and ea	sily accessible in the event of an emerg	ency (Y/N)? Y			
Location of The Emergency Ready to go Pack:	Emergency bag located in the front	room near the front door.			
	 Item Specifications (if needed): 1 duffle bag, 1 backpack, 1 suitcase, 6 blankets, 1 thermometer 1 flashlight light, 1 add. battery, Kaniyah's asthma pump, 2 small first aid kits, 6 bottled waters, 6 canned foods, 5 outfits (top/bottom), 5 books, 1 pair of scissors, 1 roll of packing tape, 1 roll of trash bags, and folder of EPP/ECMA docs, no diaper age children 				
Items to be reviewed on xx/xx/xxxx if needed:	<u>N/A</u>				
Emergency Documents					
⊠Informal Provider Emergency Preparedr	ness Plan (this completed form)				
Authorization for emergency medical ca	re				
Planning and Maintenance					
Person responsible for updating the Disaster Sup	oply Kit and the Emergency Documen	s regularly			
First Name	Last Name				
Description of how the Emergency Ready-to-Go	Pack will be transported to an				
Description of how the Emergency Ready-to-Go roll the suitcase.	Pack will be transported to an evacua	tion location: Carry the duffle bag, backpack and			
Shelter-in-Place Procedures:					
Shelter-in-Place Procedures: Provider will grab the emergency bags and accorshould arise the provider will use the tape and see her of the emergency as they are headed to the	unt for the children in care and go into ealing plastic to cover the window or d				
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Shelter-in-Place Procedures: Provider will grab the emergency bags and according should arise the provider will use the tape and set her of the emergency as they are headed to the Evacuation Location(s) Procedures: Primary: The provider will gather the children are children will be secured in their seat belts, (1) too herself in the car. Upon arrival via call or text on their way to the evacuation location Alternate: If they could not access the primary left Provider will hold the hands of the street. Upon arrival at the provider will inform her of the emergency or her son if they ne	unt for the children in care and go into ealing plastic to cover the window or d basement. Ind ready-to-go bags and will call her so ddler in their booster and (1) small chil , they will shelter in the basement (1 c ation and once they are safe. I speak with a second and have all the other I speak with a second about we bed to be picked up from the library for acknowledge that all standards have bo hat, if approved, the home in which car	the basement (1 door 1 window). If the need bor. Provider will call and text the parent to inform on to pick them up by vehicle. The (3) older d in their car seat. Then the provider will secure loor 1 window). The provider will contact the parent ldren and emergency bags			
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Shelter-in-Place Procedures: Provider will grab the emergency bags and accosshould arise the provider will use the tape and see her of the emergency as they are headed to the Evacuation Location(s) Procedures: Primary: The provider will gather the children and children will be secured in their seat belts, (1) too herself in the car. Upon arrival evacuation location location is call or text on their way to the evacuation location will hold the hands of the street. Upon arrival at the provider will inform her of the emergency or her son if they need to the street. By signing below the parties a been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in PROVIDER	unt for the children in care and go into ealing plastic to cover the window or d basement. Ind ready-to-go bags and will call her so ddler in their booster and (1) small chil they will shelter in the basement (1 c ation and once they are safe. In the provider along with the ch youngest child and have all the other is speak with a second second about we beed to be picked up from the library for acknowledge that all standards have be hat, if approved, the home in which car h-person.	the basement (1 door 1 window). If the need bor. Provider will call and text the parent to inform on to pick them up by vehicle. The (3) older d in their car seat. Then the provider will secure loor 1 window). The provider will contact the parent ldren and emergency bags			

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

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

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

⊠Flashlight

Bottled water

Batteries for Flashlight

Non-perishable food

Diapers N/A

Second Se

Backpack(s) or carrying case(s)

Consider special toys or games

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

MSDE OCC

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

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□In-person Inspection		epartment of Ed Id Care Scholars INFORMAL NSPECTION CI	ship Program CARE	Child Care	Return to: ccs.infor ent and .g ov
Inspection Date: 06/13/2023	Tim	e in: 10:30AM	Time Out: 12:01	PM Result	t: PASSED
Informal Care					the local sectors
Type of Care (check one):	Non-relative Int	formal Provider C	are DRelative	Informal Pro	vider Care
Provider Information					
First Name: Liliana		in D	sores	Provid	ler ID: 516772
			5450	Email	
Care Location Inspected					
et Address: Address Verified? Yes.		City:	County:		State Zip Code:
Name of Children in Care (a	add pages if needed)	Scholarship	Date of Birth	Age	/ Present (Y/N)
			(08/13/2012)	10yr. / N	
			(10/13/2019)	3yr./ N	
			(10/13/2021)	1yr./ N	
Safety of the Home			*		
Directions: Review and determ pages may be used for comme		ach standard. Note			ons needed. Additional ed, n/a – Not Applicable
Health and Safety Training:			Standard Met Y/N	Comments	s/Notes Action /Timeframe if needed
Basic Health and Safety Trair	ning Completed?	_	Y	Non- R	elative Informal Care – Certificate Submitted
Home is free of health and	safety hazards:		Standard Met Y/N	Comments	
Is in good repair		_	Y		All areas were clean
• 15 SECT OF 10	dent mestado		- 10 - 1	1 (2	No evidence of infest
Is well-lit and well-ve	entilated		Y		s were turned on and natural window lighting
cold run	nning water		Y	Tested	by provide an international on camera
Has a working inside	e toilet		Y	Flu	ushed by provider and observed
Has utilities for cook	ing, lighting and heati	ng	Y		
Has a working and s	afe heating system		Y	Thermo	ostat tested by provider for cooling & heating
Has a working refrig	erator and stove		Y	Te	ested by provider and observed
Has a working telept	hone		Y		und call made to provider's phone
Has operational smo	oke detector(s)		Y		ested by provider and observed
Has			Y	st ai	d kit stored in locked kitch
Has protective cover	ings on electrical	outlet that is	Y	A	All outlets covered or occupied
Harmful items are stored ap children:	opropriately and awa	ly from	Standard Met Y/N	10 10 00 0100 · 1	Action /Timeframe if needed
 Sharp or pointed iter 	ms		Y	Ste	ored in locked kitchen drawers
Medications of any k	kind		Y		Does not own
Matches lighters an	d flammable products		Y		Does not own
 Alconolic beverades 			Y		Does not own
• Guns	1		Y		Does not own
Cleaning agents			Y		Only cleans with vinegar
 Poisonous substanc 	20		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
rash, garbage and wet and soiled diapers are disposed of in a anitary manner.	Y	Diapers taken out daily
hild is changed immediately when s/he has a soiled or wet iaper, clothing or bedding.	Y	
iapering procedures are followed.	Y	All diapering supplies available near changing area
 andwashing procedures are followed. Provider and child's hands vashed thorows in the provider and the playing outdoors; and After playing outdoors; and After times when necessary to prevent the spread of disease 	Y	
HILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
 Any form of abuse, including: Any sicar many 	Y	
 A child in care is not subjected to any form of neglect, including: The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; Mental injury to a child, or a substantial risk of mental injury attention to a child. 	Ŷ	
 child in care is not subjected to mistreatment, including: Any deliberate act that hurts a child physically or emotionally, including: Constitute Differentiation Differentiation 		
 An accurate and the physical disciple Not attending to a child's physical disciple Shouting, Cursing, Shaming, Ridiculing Washing a child's mouth with soap Futung pepper or other spicy or distasteful items in a child's mouth Requiring a child to stand on one foot as punishment Tying child to a cot or other equipment 	Y	
he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your <u>local</u> Department of Social Services Child Protective Services Unit.	Y	
mergency Ready-to-Go Pack	-	10
ne Emergency Ready-to-Go Pack must be available and easily access ble in eeded medications) and Emergency Documents.	n the event of an em	nergency. This contains a Disaster Supply Kit (including
isaster Supply Kit		
irections: Review and determine that each item is adequately included in the nough supplies for each child in care. Also the items are clean, organized, a	ne Disaster Supply K and usable. Commer	it. Be certain that the Disaster Supply Kit contains and note below if needed.
⊠Flashlight ⊠Bottled water		Solder or binder for EPP documents
Batteries for Flashlight Non-perishabl	e food	Backpack(s) or carrying case(s)
Kit ØDiapers		⊠Consider
Change of clo	thes	⊠Heavy Du packing tapatéer di tinter hanna bags
Medications Blanket(s)		

I

Items in the Disaster Supply Kit are clean,	ordanized and usable (Y/N)2 Y	
	and easily accessible in the event of an emergency (Y/N)? Y
Location of The Emergency Ready to go Item Specification (if needed):	o Pack: Stored near front door exit	
	, 1 roll of duct tape, 1 first aid kit, 1 thermometer, no s	pec meds, 4 bottled waters, 3 canned
	1 pk of wipes, 3 outfits (top/bottom), 3 blankets, folde	
backpack(carrying case), small stu	ffed animals, 1 pair of scissors, and roll of sealing pla	istic
- Items to be reviewed on xx/xx/xxxx	:: N/A	
mergency Documents		
	paredness Plan (this completed form)	
	picted formy	
anning and Maintenance	y Kit an y Docume	
son responsi ng sa s a sa	Last Name	
nja	Fernandez Placencia (Parent)	
ergency Ready-	to-Go Pack will be transported to an evacuation locati	on: carried b
aliania di matana		
	e and call 911 if needed, and then activate house alar	
	(1 door 0 windows). After they are settled she will use	sealing plastic and tape to sear the
bace if needed and call, text or video call	the parent.	
and a state of the		
vacuation Procedures		
rovider's vehicle and she will then secure	both smaller children 1 in rear-facing car seat, 1 in for	rward-facing car seat and the oldest child
rovider's vehicle and she will then secure the car s ecure fter secured she will	e both smaller children 1 in rear-facing car seat, 1 in for drive, upon arrival she wil	
rovider's vehicle and she will then secure the car s ecured fter secured she will	e both smaller children 1 in rear-facing car seat, 1 in for drive, upon arrival she wil	rward-facing car seat and the oldest child
rovider's vehicle and she will then secure the car secured she will here to shelter and once secured she will	e both smaller children 1 in rear-facing car seat, 1 in fo drive drive drive Il call or text the parent.	rward-facing car seat and the oldest child Il receive instruction from second of
rovider's vehicle and she will then secure the car secured she will here to shelter and once secured she will Iternate: If they could not access the pri	e both smaller children 1 in rear-facing car seat, 1 in for drive, upon arrival she wil	ward-facing car seat and the oldest child Il receive instruction from the oldest child of ERTG and call 911 if needed. She will
rovider's vehicle and she will then secure the car secured fter secured she will of here to shelter and once secured she will lternate: If they could not access the pri- ecure the youngest child in the rear-facin rive to and and	e both smaller children 1 in rear-facing car seat, 1 in for drive , upon arrival she wil Il call or text the parent. imary location, the provider will gather the children and g car seat, middle child in forward-facing car seat and . Once there	ward-facing car seat and the oldest child I receive instruction from from of E ERTG and call 911 if needed. She will oldest child in car seat belt. They will will let the
rovider's vehicle and she will then secure the car secured she will there to shelter and once secured she will here to shelter and once secured she will lternate: If they could not access the pri- ecure the youngest child in the rear-facin rive to and and	e both smaller children 1 in rear-facing car seat, 1 in for drive , upon arrival she wil Il call or text the parent. imary location, the provider will gather the children and g car seat, middle child in forward-facing car seat and . Once there	ward-facing car seat and the oldest child I receive instruction from from of E ERTG and call 911 if needed. She will oldest child in car seat belt. They will will let the
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ignatures & Date	e both smaller children 1 in rear-facing car seat, 1 in foi drive, upon arrival she wil Il call or text the parent. imary location, the provider will gather the children and g car seat, middle child in forward-facing car seat and . Once there e (1 door 0 windows). Once	ward-facing car seat and the oldest child I receive instruction from of d ERTG and call 911 if needed. She will oldest child in car seat belt. They will will let the secured she will call or termination
ignatures & Date cknowledgement: By signing below the parties also acknowledgement: By signing below the parties also acknowledgement: Date also acknowledge	a both smaller children 1 in rear-facing car seat, 1 in foi drive, upon arrival she wil Il call or text the parent. imary location, the provider will gather the children and g car seat, middle child in forward-facing car seat and . Once there e(1 door 0 windows). Once arties acknowledge that all standards have been review edge that, if approved, the home in which care is provid	ward-facing car seat and the oldest child I receive instruction from of d ERTG and call 911 if needed. She will oldest child in car seat belt. They will will let the secured she will call or terms from the wed, and any corrections if needed have
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rovider's vehicle and she will then secure the car secured she will there to shelter and once secured she will there to shelter and once secured she will there to shelter and once secured she will becure the youngest child in the rear-facine tive to and and hildren in the secure shelter in the are Hours: constructed by signing below the parties of the parties also acknowled op up visit which will be conducted virtual PROVIDER	a both smaller children 1 in rear-facing car seat, 1 in foi drive, upon arrival she wil Il call or text the parent. imary location, the provider will gather the children and g car seat, middle child in forward-facing car seat and . Once there e(1 door 0 windows). Once arties acknowledge that all standards have been review edge that, if approved, the home in which care is provid	ward-facing car seat and the oldest child I receive instruction from of d ERTG and call 911 if needed. She will oldest child in car seat belt. They will will let the secured she will call or terms from the wed, and any corrections if needed have
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