

Child Care Scholarship Program

Informal Child Care Monitoring Inspections



First letter of the provider's last name.

Posted June 2025

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□Virtual	Inspection
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Maryland State Department of Education/Office of Child Care Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST

Return to ccs.informalproviders@maryland.g ov

Inspection Date 06/02/2022 Follow-up Inspection Date 06/07/2022	Time In: 9:30AM Time In: 11:00 AM	Time Out, 11:02 AM Time Out, 11:22 AM	Result DID NOT PA Follow-up Result AF	SS PPROVED
Informal Care				
Type of Care (check one) Non-re	lative Informal Provider C	are Minalatus I	afaire de	
Provider Information		are alive i	nformal Provider Care	
First Name Angela Provider ID #	Last Name Davis		Provider ID 488083	
Care Location Inspected			Email	
Street Address Address Venfied? Yes.	City	County	State	Zip Code
Street Address		County Date of Birth		
Street Address Address Verified? Yes.				
Street Address Address Verified? Yes.		Date of Birth	Age / Present	
Street Address Address Verified? Yes.		Date of Birth	Age / Present	
Street Address Address Verified? Yes.		Date of Birth	Age / Present	
Street Address Address Verified? Yes.		Date of Birth	Age / Present	

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	All areas were clean
 Is free of insect or rodent infestation 	Y	No evidence of infestation
Is well-lit and well-ventilated	Y	Natural and artificial lightening
 Has hot and cold running water 	Y	Observed and tested by provider
Has a working inside toilet	Y	Observed and tested by provider
 Has utilities for cooking, lighting and heating 	Y	Stored in kitchen cabinets
Has a working and safe heating system	Y	Observed and tested by provider
Has a working refrigerator and stove	Y	Observed fridge/freezer and tested stove
Has a working telephone	Y	No home phone, only working cellphones
Has operational smoke detector(s)	Y	Observed and tested by provider
Has first aid kit/supplies	Y	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All accessible outlets were covered

Harmful Items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Moved to container on high kitchen counter
Medications of any kind	Y	Stored on high shelf in closet
Matches, lighters and flammable products	Y	Moved to a high-level cabinet
Alcoholic beverages	Y	Does not own
Guns	Y	Does not own

Cleaning agents	y	
Poisonous substances	-	Lower-level cabinets all locks added
	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	Diapering area in bedroom was clean.
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. Tolleting. 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	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	Corrective Action / Imetralina if needed
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	
ne provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your local epartment of Social Services Child Protective Services nit.	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, the items are clean, organized, and usable. Comment and note below if needed.

⊠Flashlight

⊠Bottled water

⊠Batteries for Flashlight

⊠Non-perishable food

⊠Folder or binder for EPP documents ⊠Backpack(s) or carrying case(s)

⊠Diapers

⊠Consider special toys or games

MSDE OCC Informal Care Inspection Checklist

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Revised 10/2021

	Change of clothes	Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trastribags
⊠Medications	⊠Blanket(s)	bags
Items in the Disaster Supply Kit are cl	ean, organized, and usable (Y/N)7 Y	
Emergency Ready-to-Go Pack is ava closet.	lable and easily accessible in the event of an eme	ergency (Y/N)? Y, stored in the provider's bedroom
Emergency Documents		
⊠Informal Provider Emergency ⊗Authorization for emergency	y Preparedness Plan (this completed form) medical care	
Planning and Maintenance		
Person responsible for updating the D	Disaster Supply Kit and the Emergency Docume	nts regularly
First Name	Last Name	The regularly
Description of how the Free B		
Item Specification (if needed):	eady-to-Go Pack will be transported to an evacu	ation location.
the specific inedication,	udby 1000 allo z packaged tood items 1 blanks	t, diapers and wet wipes. 1 tape roll. 1 scissors. 3
trash bags, and 1 small Shelter-in-Place Procedures: Providemergency supply kit, and grab the closefore, during and after via call or texternal supply states.	book book der will close and lock all windows and exterior of hild, go into the bathroom closet with no window	t, diapers and wet wipes, 1 tape roll, 1 scissors, 3
Shelter-in-Place Procedures: Provide emergency supply kit, and grab the close fore, during and after via call or texter to be supply the control of the supply supply the control of the supply supply the supply su	book der will close and lock all windows and exterior d hild, go into the bathroom closet with no window t.	t, diapers and wet wipes, 1 tape roll, 1 scissors, 3 doors and blinds, turn off all fans and a/c, locate the s to seal (1 door 0 windows). Will contact the parent
Shelter-in-Place Procedures: Provide emergency supply kit, and grab the closefore, during and after via call or text. Evacuation Locations: Primary — Provider will transport the child in their car seat. Upon arrival	book der will close and lock all windows and exterior d hild, go into the bathroom closet with no window t.	doors and blinds, turn off all fans and a/c, locate the s to seal (1 door 0 windows). Will contact the parent or walking, provider if using a car will strap the prindows).
Shelter-in-Place Procedures: Provide emergency supply kit, and grab the closefore, during and after via call or textended to before, during and after via call or textended to be supply kit, and grab the closefore, during and after via call or textended to be supply and after via call or textended to be supply and the closefore will transport the child in their car seat. Upon arrival if shelter location should chall their car seat and emergency to-go in their car seat and emergency to-go	book der will close and lock all windows and exterior of hild, go into the bathroom closet with no window t. child and to-go bag via rideshare service vehicle in lobby area (2 doors 6 wange. Will call or text the parents before, during bort herself and baby in a rideshare service vehicle or the self and baby in a rideshare service vehicle or the self and baby in a rideshare service vehicle or the self and baby in a rideshare service vehicle or the self and baby in a rideshare service vehicle or the self and baby in a rideshare service vehicle or the self and baby in a rideshare service vehicle or the self and baby in a rideshare service vehicle or the self and baby in a rideshare service vehicle or the self and baby in a rideshare service vehicle or the self and baby in a rideshare service vehicle or the self-and baby in a rideshare ser	doors and blinds, turn off all fans and a/c, locate the s to seal (1 door 0 windows). Will contact the parent or walking, provider if using a car will strap the windows), or after. cle, provider will have the child and secure the child g with an associate and getting instructions of
Shelter-in-Place Procedures: Provide emergency supply kit, and grab the of before, during and after via call or tex. Evacuation Locations: Primary — Provider will transport the child in their car seat. Upon arrival if shelter location should child in their car seat and emergency to-go where to go to shelter. Provider will consider the constant of	book der will close and lock all windows and exterior of hild, go into the bathroom closet with no window t. child and to-go bag via rideshare service vehicle in lobby area (2 doors 6 wange. Will call or text the parents before, during bort herself and baby in a rideshare service vehicle bag. Upon arrival at	doors and blinds, turn off all fans and a/c, locate the s to seal (1 door 0 windows). Will contact the parent or walking, provider if using a car will strap the pindows), or after. cle, provider will have the child and secure the child g with an associate and getting instructions of text, or email.
Shelter-in-Place Procedures: Provide emergency supply kit, and grab the of before, during and after via call or tex. Evacuation Locations: Primary — Provider will transport the child in their car seat. Upon arrival if shelter location should child in their car seat and emergency to-go where to go to shelter. Provider will continue to be reviewed on 06/03/2022 Locks needed for 3 cabi	book der will close and lock all windows and exterior of hild, go into the bathroom closet with no window t. child and to-go bag via rideshare service vehicle in lobby area (2 doors 6 wange. Will call or text the parents before, during bort herself and baby in a rideshare service vehicle bag. Upon arrival at the parent before during or after via call, the corrections completed as of 06/07/2022 nets in kitchen	doors and blinds, turn off all fans and a/c, locate the s to seal (1 door 0 windows). Will contact the parent or walking, provider if using a car will strap the pindows), or after. cle, provider will have the child and secure the child g with an associate and getting instructions of text, or email.
Shelter-in-Place Procedures: Provide mergency supply kit, and grab the observe, during and after via call or tex. Evacuation Locations: Primary — Provider will transport the child in their car seat. Upon arrival if shelter location should child in their car seat and emergency to-go where to go to shelter. Provider will continue to be reviewed on 06/03/2022 Locks needed for 3 cabi — Flashlight/additional batters.	book der will close and lock all windows and exterior of hild, go into the bathroom closet with no window to look and to go bag via rideshare service vehicle in look and the bathroom closet with no window to look and the parent before during or after via call, the corrections completed as of 06/07/2022 nets in kitchen teries	doors and blinds, turn off all fans and a/c, locate the s to seal (1 door 0 windows). Will contact the parent or walking, provider if using a car will strap the pindows), or after. cle, provider will have the child and secure the child g with an associate and getting instructions of text, or email.
Shelter-in-Place Procedures: Provide mergency supply kit, and grab the observe, during and after via call or tex. Evacuation Locations: Primary — Provider will transport the child in their car seat. Upon arrival if shelter location should child in their car seat and emergency to-go where to go to shelter. Provider will continue to be reviewed on 06/03/2022 Locks needed for 3 cabi	book der will close and lock all windows and exterior of hild, go into the bathroom closet with no window t. child and to-go bag via rideshare service vehicle in lobby area (2 doors 6 wange. Will call or text the parents before, during bort herself and baby in a rideshare service vehicle bag. Upon arrival at speakin ontact the parent before during or after via call, the call corrections completed as of 06/07/2022 and is in kitchen teries acked.	doors and blinds, turn off all fans and a/c, locate the s to seal (1 door 0 windows). Will contact the parent or walking, provider if using a car will strap the pindows), or after. cle, provider will have the child and secure the child g with an associate and getting instructions of text, or email.

Signatures & Date		
Acknowledgement. By signing below the parties acknowled been discussed. The parties also acknowledge that, if app pop-up visit which will be conducted virtually or in-person.	proved, the home in which care is pro-	lewed, and any corrections if needed have vided is subject to random, unannounced
PROVIDER		INSPECTOR
Printed Mame And OlA DAVIS	Printed Name:	
Signati	Signature	
Date: 06 / 0.8 /2692 Phor	Date: 06/07/2022	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

Return to: ccs.informalproviders@marylan ov

	IN	ISPECTION CI	HECKLIST		
Inspection Date: 04/14/2022	Time	In: 1:45 PM	Time Out: 2:40 F	PM Result: 04/15/2	PASSED if returned by end of d
Informal Care	1				
Type of Care (check one):	☐ Non-relative Info	ormal Provider C	are ⊠Relative	Informal Provi	der Care
Provider Information					
First Name: Mary Provider ID #:	Last	Name: Davis		Provide Email:	r ID: 276047
Care Location Inspected					
Street Address: Address Verified? Yes	City	County	State 2	ip Code	
Name of Children in Care (add p	pages if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)
The state of the s		11	6/11/2010	11yr / N	
		4	2/18/2018	4yr / N	
				1-0-4	
				11	
Safety of the Home					
Directions: Review and determine pages may be used for comments.	compliance with each	ch standard. Note			s needed. Additional n/a - Not Applicable
Health and Safety Training:			Standard Met Y/N	Comments/	Notes Action /Timeframe if needed
Basic Health and Safety Training	Completed?		N/A	R	elative Informal Provider
Home is free of health and safe	ty hazards:		Standard Met Y/N	Comments/	Notes Action /Timeframe if needed
 Is in good repair 			Y		
Is free of insect or roden	t infestation		Y	No sign of in	festation
Is well-lit and well-ventila	ated		Y		
Has hot and cold running	g water		Y	Steam obser	ved
 Has a working inside toil 	let		Y	Flush observ	ed
 Has utilities for cooking, 	lighting and heating	ng	Y		
 Has a working and safe 	heating system		Y		
 Has a working refrigerate 	or and stove		Y	Light came of	n
 Has a working telephone 	9		Y	Called provid	ler on her cell phone
 Has operational smoke of 	detector(s)		Y	Alarm sound	ed
Has operational smoke detector(s) Has first aid kit/supplies			Y	Tape, gauze	scissors, band aids

Y

Standard Met

All outlets not in use covered.

Corrective Action /Timeframe if needed

Comments/Notes

Has protective coverings on any electrical outlet that is accessible to children

Harmful items are stored appropriately and away from

Alcoholic beverages	Υ	None
Guns	Υ	None
Cleaning agents	Y	Linen closet highest shelf
Poisonous substances	Υ	None
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: 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, notuding: 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,		

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.

☑ Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
☑Portable First Aid Kit	☑ Diapers (N/A)	⊠ Consider special toys or games
21 Stable Flist Au Al	Bolapels (1977)	⊠Heavy Duty Scissors, duct tape
⊠Thermometer	⊠ Change of clothes	packing tape & sealing plastic/tras
⊠ Medications (N/A)	⊠Blanket(s)	
Items in the Disaster Supply Kit are clear	n, organized, and usable (Y/N)? Yes.	
Emergency Ready-to-Go Pack is available	ole and easily accessible in the event of an emerg	ency (Y/N)? Laundry room near exit.
Emergency Documents		
☑Informal Provider Emergency P ☑Authorization for emergency me	Preparedness Plan (this completed form) edical care	
Planning and Maintenance		
Person responsible for updating the Disa	aster Supply Kit and the Emergency Document	s regularly:
First Name	Last Name	
2 Pull ups, 2 children's outfits 1 large blanket 1 roll of duct tape, scissors, heavy duty, Playing phone and plastic toys, playing of Shelter in-Place: Make sure doors and the laundry area, which has no windo Evac Location (Primary): Transported home Provider has to the location and soon as they arriv Evac Location (Secondary): Grab the parent of the evacuation location char	ns, soup and 4 marshmallow pie snacks	the parents. I seat belt and emergency bag, go to child parent's room (3 doors and 1 window). En 1. I into the car and car seat, and notified the
been discussed. The parties also acknow	parties acknowledge that all standards have be wledge that, if approved, the home in which care	
pop-up visit which will be conducted virtu	ually or in-person.	
PROVIDER		INSPECTOR
Printed Name: Mary Davis Mary G - Davis Signature	The state of the s	
Signature	Signature:	
Date: Phone	Date: 04/15//202	Phone: 1-877-227-0125

	4	n, including dispering area.	All areas of the home are kept clean, including dispering area	5
Corrective Action (Tenebares If resided	NA NA	DARDS	GENERAL CLEANLINESS STANDARDS	2
-	,		 Poisonous substances 	
			· Cleaning agents	
	Y			
	Y			
	Y		 Alcoholic beverages 	
	Y	vmable products	 Matches, lighters and flammable products 	
	Y		 Medications of any kind 	
	4		. Sharp or pointed items	
Corrective Action (Timetrams if needed	NA	name from most frame	children:	0.3
Community Notes	Standard Mar	accessible to children	accessible to children	
		on any electrical cuded that is		т
	Y	representar)	н	
	4	Inchor(a)		
	*	States Plats		
	4	and stove	п	Т
	Y	nating system		
	4	shing and heating	Т	
	4	and the same of th	11	
	Y	water	п	
	4	and a supplementary	1	
	4	coloustation	Т	
	Y		In in good sensit	-
Corrective Action /Timeframe if needed	Standard Met	hazards:	Home is free of health and safety hazards:	-
S. Constant	Y	raining Completted?	Basic Health and Safety Training Completed?	
Corrective Action /Timeframe If needed	N.A.		Health and Safety Training:	T
D - Discussed, n/a - Not Applicable D - Discussed, n/a - Not Applicable		Directions. Review and determine compliance with each standard. Note any com- Additional pages may be used for comments.	Directions. Review and determine compliano Additional pages may be used for comments.	
actions readed	۱		Safety of the Home	CO
7 months/ Y	06/01/2024			
Age / Present (comp	Date of Birth	Scholarship	Name of Children in Care (add pages if needed)	20
	1	SUMBY AUS	Address Vertied / Yes	D-8n
State Zip Code			Care Location inspected	O
Enail	9	Last Name: Dawson-Smitr	Provider ID #	תע
Provider ID: 571166			Provider Information	7
ORelative Informal Provider Care		S Non-relative Informal Provider Care	Type of Care (check one); S	3
			nformal Care	=
Result: Passed	Time Out: 2:21 pm	Time In: 1:30 pm	Inspection Date: 01/09/2025	5
Return to ccs.informalprovidens@maryland.gov	Program RE KLIST	Chre Child Care Scholarship Program INFORMAL CARE INSPECTION CHECKLIST	89Virtual Inspection Clin-person Inspection	
in the second	ation/Office of Ch	Mandand State Department of Education Office of Child		

The provider immediately reports any suspected child abuse, regised or mistreatment by calling 911 and your IOSB Department of Social Services Child Protective Services Unit	Specify, Curring, Shaming, Ridiculary Washing a child's result with soap Puting papper or other spicy or distanteful items in a child's result Specify and the stand on one fost as purishment Typing child to stand on other spurpment	A child in care is not subjected to minimumbered, including Any deliberate act that harts a child physically or ametically, including Spaniang, Being, Herry, Shaking Any other treates of physical discopline had sended in an analysis physical discopline	 placed at substantial data of herm. Nametal rigury to a child, or a substantial fish of merital injury field is caused by the festure to give proper care and attention to a child. 	including - The taken to give proper care and attention to a child including leaving a child unattended under circumstances industry leaving a child unattended under circumstances or pat indicate that the child's health or welfere is harmed or	A child in not subject to any form of abuse, including Physical righty Any assual abuse Namid abuse	CHILD ABUSE, NEGLECT AND MISTINGATHENT STANDANDS	Procedurating procedurate are followed. Procedur and child's handle washed thoroughly with easy and water norming water after a Tolketing. Daywring: After playing outstoom, and eating. At other lineary share recessary to prevent the spread of disease.	Dispering procedures are takeway.	Child is changed immediately when who has a soled or well disper, distring or heating.	Fram, garbage and set and soled diagons are disposed of to a service;
4				4	4	Standard Met		4	4	4
						Considera Action Timeleana if naeded				

rgancy Roady-10-Go Pack.

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

Disaster Supply Kit Directions. Review and determine that each item is edecuately included in the Disaster Supply Kit. Be centain that the Disaster Supply Kit pontains enough supplies for each orbit to care. Also that the items are clean, organized, and usable, Comment and note before it needed.

	Bit Office property many assured to the	Items in the Disaster Supply Kit are clear, organisans, and
	accomized and usable (VIVI)? Yes	and the second s
	©Blanket(s)	DMedications-N/A
23 Heavy Dufy Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags	SChange of dothes	SThermometer
SiConsider special toys or games	SIDiapers	SI Portable First Ald Kit
ISBackpack(s) or carrying case(s)	SENon-perishable food	32 Badteries
SIFGIOW OF binder for EPP documents	SCBOBBO WIDE	SFlannight

Date: 1/10/2025 Signatur Printed Name Renée DAWSON-Smith 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. **Emergency Documents** Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (YN)? Yes Person responsible for updating the Disaster Supply Kil and the Emergency Documents regularly. CARE HOURS: The Provider will gather the ready to go bag and the child, parent before, during and after sheltering. First Name Planning and Maintenance Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location Location of Emergency Ready to go Pack: Next to the front door Evacuation Procedures: Shelter In Place Procedures: Provider will gather the childre SAuthorization for emergency medical care Sinformal Provider Emergency Preparedness Plan (this completed form) nder will gather the child and the ready to go bag, securing the child in the infant car seat. The provider will gall parent before the attention of the provider will gall parent before the attention of the child and the ready to go bag, securing the child in the infant car seat. The provider will gall parent before Phone PROVIDER nd the ready to go bag, securing the child in the infant car seat. The provider will 1 doors, 1 window(s)). The provider will Dawson-Smith Printed Name: Date: 01/09/2025 Signature: 2 doors, 5 window(s)). The provider will call INSPECTOR 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: 1/30/2025	Time	ln: 3:30pm	Time Out: 4:48pm	Result: Passed	
Informal Care					
Type of Care (check one):	Non-relative Info	rmal Provider Ca	are ⊠Relative	nformal Provider Care	
Provider Information	MATERIAL PROPERTY AND A STATE OF THE PARTY AND	The state of the s			
First Name: Lakita	Last N	lame: Day		Provider ID: 571579	
Provider ID #:	State of the state of	N. C. Company of the		Email:	
Care Location Inspected					
Street Address: Address Verified?: Yes	City	Coun	ty:	Zip Code	
Name of Children in Care (add page	es if needed)	Scholarship	Date of Birth	Age / Present (Y/N)	
		11/5/2024	2months/ Yes		
Safety of the Home					
Directions: Review and deter	mine compliance	with each standa	ard. Note any comme	ents or corrective actions needed.	

Name of Children in Care (add pa	ges ii fleeded) Sch	olarship	Date of Birth	Age / Present (Y/N)	
			11/5/2024	2months/ Yes	
Safety of the Home					
Directions: Review and det Additional pages may be us	ermine compliance with e	each standa	rd. Note any comm	nents or corrective actions needed. D - Discussed, n/a - Not Applicable	
Health and Safety Training:		ess re-entry	Standard Met Y/N	Corrective Action /Timeframe if needed	
Basic Health and Safety 7	raining Completed?		Y		
Home is free of health and safety	y hazards:		Standard Met Y/N	Corrective Action /Timeframe if needed	
 Is in good repair 			Υ		
 Is free of insect or rodent 	infestation		Y		
 Is well-lit and well-ventilat 	ed		Y		
 Has hot and cold running 	water		Υ		
 Has a working inside toile 	t		Υ		
 Has utilities for cooking, li 	ghting and heating	Hilliam .	Y		
 Has a working and safe h 	eating system		Y	The second secon	
 Has a working refrigerator 	r and stove		Y		
 Has a working telephone 			Υ		
 Has operational smoke de 	etector(s)		Υ		
 Has first aid kit/supplies 			Y		
Has protective coverings accessible to children	on any electrical outlet	that is	Y		
Harmful items are stored approp children:	riately and away from		Standard Met Y/N	Corrective Action /Timeframe if needed	
 Sharp or pointed items 			Y		
Medications of any kind	marches (4 min	En amore my	Y	The Mark of the Sales Charles and the A	
 Matches, lighters and flan 	nmable products	May reinstead to the	Y		
 Alcoholic beverages 			Y	THE TOTAL BUT SOMETHING THE PARTY OF THE PARTY.	
• Guns	201-89		Y	The Company of the second second	
Cleaning agents		no no 44	Υ	The state of the same of the s	
Poisonous substances			Y		
GENERAL CLEANLINESS STANI	DARDS		Standard Met Y/N	Corrective Action /Timeframe if needed	
All areas of the home are kept clea	n, including diapering a	rea.	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.	*	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	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. 	*	
 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.		

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	□ Folder or binder for EPP documents
⊠Batteries	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
		M Heavy Duty Scissors, Duct Tape/
⊠Thermometer	⊠Change of clothes	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 Pa	don 15 available and cas		
Location of Emergency Ro	eady to go Pack: Mast	ter Bedroom	
Item Specification (if need	led):		
•			
To be observed for compl	liance on :		
Emergency Documents			
⊠Informal Provider E	mergency Preparedne	ess Plan (this completed form)	
	nergency medical care		
Planning and Maintenance			
Person responsible for upda	ating the Disaster Supp	oly Kit and the Emergency Documents reg	gularly:
First Name Lakita	1	Last Name Day	
Shelter In Place Procedure	es:		## - # - ## - ## - ## - ## - ## - ## -
The Provider will gather the The provider will contact particles. The Provider will gather the will travel to window(s)). The provider will gather the will travel to will travel to contact parent before, during CARE HOURS: Sunday-Saturday	ready to go bag and the ready gaining a will contact parent before children and the ready gaining according and after sheltering	to go bag, they will be traveling by to she to she to she to she to go bag, they will be traveling by to go bag, they will be traveling by	secured The provider (#1 of doors, #2 of secured in a The provider
The provider will contact particles Evacuation Procedures: The Provider will gather the will travel to window(s)). The provider will gather the will travel to contact parent before, durin CARE HOURS: - Sunday-Saturday Signatures & Date Acknowledgement: By signing been discussed. The parties a	ready to go bag and the ready gaining a will contact parent before children and the ready gaining according and after sheltering gelow the parties acknowledge that, it is a second also acknowledge that, it is a second gelow the parties acknowledge that gelow the gelow that gelow the parties acknowledge that gelow the gelow that gelow the gel	to go bag, they will be traveling by access by to shell re, during and after sheltering to go bag, they will be traveling by to go bag, they will be traveling by tess to shelter in #1 of the shelter in #1 of the shell standards have been review of approved, the home in which care is provided.	secured (#1 of doors, #2 of secured in a The provider of doors, #2 of window(s)). The provider will wed, and any corrections if needed have
The Provider will gather the The provider will contact participated and the Evacuation Procedures: The Provider will gather the will travel to window(s)). The provider will gather the will travel to contact parent before, during the CARE HOURS: - Sunday-Saturday Signatures & Date Acknowledgement: By signing been discussed. The parties a pop up visit which will be conditionally the conditional travel to the parties a pop up visit which will be conditionally the conditional travel to the parties a pop up visit which will be conditionally the conditional travel to the parties a pop up visit which will be conditionally the conditional travel to the parties a pop up visit which will be conditionally the conditional travel to the parties a pop up visit which will be conditionally the conditional travel to the parties a pop up visit which will be conditionally the conditional travel to the parties a pop up visit which will be conditionally travel to the parties a pop up visit which will be conditionally travel to the parties and travel to the pa	ready to go bag and the ready gaining a will contact parent before children and the ready gaining according and after sheltering gelow the parties acknowledge that, it is a second also acknowledge that, it is a second gelow the parties acknowledge that gelow the gelow that gelow the parties acknowledge that gelow the gelow that gelow the gel	to go bag, they will be traveling by access by to shell re, during and after sheltering to go bag, they will be traveling by to go bag, they will be traveling by tess to shelter in #1 of the shelter in #1 of the shell standards have been review of approved, the home in which care is provided.	secured (#1 of doors, #2 of secured in a The provider of doors, #2 of window(s)). The provider will wed, and any corrections if needed have
The Provider will gather the The provider will contact particles. The Provider will gather the will travel to window(s)). The provider will gather the will travel to contact parent before, during contact parent before and contact parent before	ready to go bag and the ready gaining a will contact parent before children and the ready gaining according and after sheltering general before a children and the ready gaining according and after sheltering general before general before a children and the ready gaining according and after sheltering general before general before a children and the ready gaining according and after sheltering general before general before general before gaining according to the parties acknowledge that, it ducted virtually or in-period ducted virtually or in-period general before gaining according to the parties acknowledge that, it ducted virtually or in-period gaining according to the parties acknowledge that, it ducted virtually or in-period gaining according to the parties acknowledge that, it ducted virtually or in-period gaining according to the parties acknowledge that, it ducted virtually or in-period gaining according to the parties acknowledge that, it ducted virtually or in-period gaining according to the parties acknowledge that, it ducted virtually or in-period gaining according to the parties acknowledge that, it ducted virtually or in-period gaining according to the parties acknowledge that according to the	to go bag, they will be traveling by access by to shell re, during and after sheltering to go bag, they will be traveling by to go bag, they will be traveling by tess to shelter in #1 of the shelter in #1 of the shell standards have been review of approved, the home in which care is provided.	secured (#1 of doors, #2 of secured in a
The Provider will gather the The provider will contact particles. The Provider will gather the will travel to window(s)). The provider will gather the will travel to contact parent before, during the contact parent before, during the contact parent before. CARE HOURS: Sunday-Saturday Signatures & Date Acknowledgement: By signing been discussed. The parties a pop up visit which will be contact.	ready to go bag and the ready gaining a will contact parent before children and the ready gaining according and after sheltering general before a children and the ready gaining according and after sheltering general before general before a children and the ready gaining according and after sheltering general before general before a children and the ready gaining according and after sheltering general before general before general before gaining according to the parties acknowledge that, it ducted virtually or in-period ducted virtually or in-period general before gaining according to the parties acknowledge that, it ducted virtually or in-period gaining according to the parties acknowledge that, it ducted virtually or in-period gaining according to the parties acknowledge that, it ducted virtually or in-period gaining according to the parties acknowledge that, it ducted virtually or in-period gaining according to the parties acknowledge that, it ducted virtually or in-period gaining according to the parties acknowledge that, it ducted virtually or in-period gaining according to the parties acknowledge that, it ducted virtually or in-period gaining according to the parties acknowledge that according to the	to go bag, they will be traveling by to she re, during and after sheltering to go bag, they will be traveling by to go bag, they will be traveling by to shelter in #1 of the she	secured (#1 of doors, #2 of secured in 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.g ov

	IN	SPECTION CI	ILONLIOT			
Inspection Date: 08/24/2023	Time	ln: 2:30PM	Time Out: 4:11PN	Result: PAS	SSED	
Informal Care						
Type of Care (check one):	□ Non-relative Info	rmal Provider C	are ⊠Relative l	Informal Provider	Care	
Provider Information						
First Name: Charlene	Last	Name: Deloato	h	Provider ID	524410	
First Name: Charlene Provider ID #: Last Name: Delo				Email:		
Care Location Inspected		1.5		70		
Street Address: Address Verified? Yes.	City:	Cour	nty:	State:	Zip code:	
Name of Children in Care (ad	dd pages if needed)	Scholarship	Date of Birth	Age /	Present (Y/N)	
***************************************			(01/06/2014)	9yr. / N		

Directions: Review and determine compliance with each standard. Note pages may be used for comments.	any comments or c Y – Yes, N – No,	orrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Υ	All areas were clean
Is free of insect or rodent infestation	Y	No evidence of infestation
Is well-lit and well-ventilated	Υ	All lights were turned on and natural window lighting
Has hot and cold running water	Y	Tested by provider and steam observed by sink water
Has a working inside toilet	Y	Flushed by provider and observed
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
Has a working refrigerator and stove	Y	Tested by provider and observed
Has a working telephone	Y	Outbound call made by informal team to provider's phone
Has operational smoke detector(s)	Y	Tested by provider and observed
Has first aid kit/supplies	Y	First aid kit and medical supplies stored in bathroom and provider's bedroom
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets were covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Knives moved to high level kitchen cabinet
Medications of any kind	Y	Provider moved the medicine box to top shelf of closet
Matches, lighters and flammable products	Υ	Does not own
indicator, agricultural management production	- V	Dava not num

Poisonous substances

Alcoholic beverages

Cleaning agents

Guns

Υ

Υ

Y

Υ

Does not own

Does not own

Moved to top shelf of laundry room

Does not own

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	No diaper children in care
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting; Diapering; Before food preparation and eating; After playing outdoors; and At other times when necessary to prevent the spread of disease.	Υ	
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:	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 Unit.</u>	Υ	

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.

elloudii anbbilea for each office in each, the		
⊠Flashlight	⊠Bottled water	☑ Folder or binder for EPP documents
⊠Batteries for Flashlight	⊠Non-perishable food	⊠Backpack(s) or carrying case(s)
⊠Portable First Aid Kit	⊠Diapers (N/A)	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	
⊠Medications (N/A)	⊠Blanket(s)	

Items in the Disaster Supply Kit are clean, organiz	zed, and usable (Y/N)? Y	
Emergency Ready-to-Go Pack is available and ea	asily accessible in the event of an eme	rgency (Y/N)? Y
Location of The Emergency Ready to go Pack Item Specification (if needed):	. Stored III living room corner near t	
4 (sameing anga) 2 flacklights 1	pk of AA batteries, 1 first aid kit, 1	thermometer, no specific medications, 2 bottled
waters, 1 bag of non-perishable items (10	+), 1 outfit (top/bottom/underwear/se	ocks), 1 large blanket, 3 books, 1 pair of seissors, 1
roll of duct tape, 2 large trash bags and fo	older w/ EPP and ECMA docs	
tems to be reviewed on	=	
Emergency Documents		
	ness Plan (this completed form)	
Planning and Maintenance		
Person responsible for updating the Disaster Su	pply Kit and the Emergency Docume	ents regularly:
First Name	Last Name	
Charlene	Deloatch	
Description of how the Emergency Ready-to-Go	Pack will be transported to an evac	lation location: carried by the provider.
Shelter In Place Procedure:	tone arrange and an arrange	A description of the Optimization The
The provider will account for the child and grab t	the ERTG and head into the walk-in	closet of the master bedroom (1 door 0 window).The
provider will use the sealing plastic and tape to	seal the door and vent if the need ar	ses. There are no windows to seal. The provider will
call or text the parent with emergency updates.		
Evacuation Procedures		hild will wolk to the execution location which is the
Primary: The provider will account for the child,	grab the ERTG. The provider and c	hild will walk to the evacuation location which is the
During the transport the	to gain instruction of w	parent with initial emergency update. Upon the where she and the child can shelter. Once secured
the provider will call or text the parent with emer	rgency updates	more one and also sime services.
the provider will call of text the parent man sine.	gene, aparen	
All If the support the primary	location, the provider will account to	r the child, grab the ERTG. The provider and child
will be transported by	to the evacuation location wh	nich is During the transport the
provider and/or shild would call the parent with i	nitial emergency update. Upon the a	rrival, the provider will communicate with
to gain instruction of where she and the	he child can shelter. Once secured to	ne provider will call or text the parent with emergency
updates.		
Care Hours:		
	Ny S O. S. Electricos and	
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 to pop up visit which will be conducted virtually or it	that, if approved, the nome in which o	care is provided is subject to random, unannounced
PROVIDER	n-person.	INSPECTOR
Printed Name	Deintod Name	
Charlene Delo	atch Printed Name	
		.
Charles Tolles	Signature:	e
Date: 9-29-23 Phone:	Signature:	

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program

Child Care Scholarship Program
INFORMAL CARE
INSPECTION CHECKLIST

Return to: ccs.informalproviders@maryland.gov

- Page 1	INSPECTION CHECKLIST				
Inspection Date: 12/6/2024 Inspection Date: 12/10/2024 Inspection Date:12/17/2024	Tim	e In: 1:30pm e In: 10:30am e In: 2:30 pm	Time Out: 2:15pm Time Out: 10:50ar Time Out: 2:41 pm	m Result: Follow Up Ne	eded
Informal Care			ED-lettus I	Informal Provider Care	
Type of Care (check one): Non-re	elative Int	formal Provider C	are Melative i	Montaryovas	
Provider Information				Provider ID: 565883	
First Name: Esther Provider ID #:	Last Name: Dewee			Email:	
Care Location Inspected		0-		State:	Zip Code:
Street Address.	ity:	Co	unty:		
Address Verified?: Yes	(hohou	Scholarship	Date of Birth	Age / Presen	t (Y/N)
Name of Children in Care (add pages if needed)			11/11/2019	4yrs/ Y	
	Z/O(Z-VZ-)		9 months/Y		
			9months/Y		

Safety of the Home Directions: Review and determine compliance with each star	ndard. Note any comm	nents or corrective actions needed. D - Discussed, n/a - Not Applicable
Additional pages may be used for comments.	Y - Yes, N - No,	C-mmente/Notes
THE RESIDENCE OF THE PARTY OF T	Y/N	Corrective Action /Timeframe if needed
lealth and Safety Training:	Y	
Basic Health and Safety Training Completed?	Standard Met	Comments/Notes
ome is free of health and safety hazards:	Y/N	Corrective Action /Timeframe if needed
	Y	
Is in good repair Is free of insect or rodent infestation	Y	
Is free of insect of foderit interest. If the and well ventilated.	Y	
Is well-lit and well-ventilated Has hot and cold running water	Y	
	Y	
Has a working inside toilet Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	
Has a working and sale heading dystone	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
Has protective coverings on any electrical outlet that is accessible to children	1	
Harmful items are stored appropriately and away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
children:	Y	
Sharp or pointed items Medications of any kind	Y	
Malabas lighters and flammable products	Y	
	Y	
Alcoholic beverages	Y	
• Guns	Y	
Cleaning agents	Y	
Poisonous substances	Standard Met	Comments/Notes Corrective Action /Timeframe if needed

All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: 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	
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 mistrestment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Y	

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

Medications N/A	⊠Blanket(s)		
Items in the Discort	Kit are dean, organized, and usable (Y/I	V17 Y	
Emergency Read	Kit are clean, organized, and deadle (). It is available and easily accessible in the	e event of an emergency (Y/N)?	Υ
Thomas In Control	X IS SVERIGOR OF CO COSTS) BOCCOCCOS AT I		
Location of Emergency Res	dy to go Pack: Downstairs		
Nem Specification (if needs	ØI.		
To be observed for compile	nce on 12/10/2024 @ 10:30am ;		
To be observed for compliance	o Go Kit ce on 12/17/2024		
Thermometer			
Seating Tape			
Emergency Documents			
⊠Informal Provider Eme	ergency Preparedness Plan (this com	pleted form)	
⊗Authorization for eme	rgency medical care		
Planning and Maintenance		O	
	g the Disaster Supply Kit and the Eme	ergency Documents regularly.	
First Name Esther			
Description of how the Emerger	ncy Ready-to-Go Pack will be transpo	ried to an evacuation location:	
Shelter in Place Procedures;			
The Provider will gather the reak window(s)). The provider will co	dy to go bag and the children, ontact parent before, during and afte	r sheltering.	#1 of doors, #1 of
Evacuation Procedures:			
	mo and the ready to go bag. they w	ill be traveling by car, childr	en secured by having the twins
The Provider will gather the Card secured car seats and	I - becaries seet I DE DOWNER WILL		
	#2 of doors, #5 of window	([5]). The provider will contact	parent before, during and after
shellering		III he traveling by car childs	an secured by having the heins
The Provider will gather the chik secured car seats and	a a booster sest. The provider will		en secured by having the twins
	(#2 of doors, #4 of windo	w(s)). The provider will contac	t parent before, during and after
sheltering			
AARE HOURS.			
CARE HOURS:			
Standard & Bata	ALEMAN TO THE RES	A to a second	
Signatures & Date Acknowledgement: By signing be	low the parties acknowledge that all sta	ndards have been reviewed, and	d any corrections if needed have
been discussed. The parties also pop up visit which will be conduct	acknowledge that, if approved, the hon	ne in which care is provided is su	bject to random, unannounced
PRO	OVIDER	IA.	ISPECTOR
Printed Name: 1-5thes De	wee	Printed Name:	
Signature:		Signature:	
Date: 12 - 19-2124	Phone:	Date: 12/17/2024	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

Return to: ccs.informalproviders@maryland.g

Inspection Date: 05/01/2023 Follow-up Inspection Date: 05/02/2023		1:30PM 11:30AM	Time Out: 2:178 Time Out: 11:50	The state of the s	
Informal Care	h z i ziek				
Type of Care (check one):	elative Inform	al Provider C	are ⊠Relativ	e Informal Provider Care	
Provider Information		19.159	Life of both A. A.		
First Name: Eleni Provider ID #:	Last Nar	ne: Densmoi	re	Provider ID: 349600 Email:	
Care Location Inspected	ale more than	7-6-7-1	1987 1 1 1 1		
Street Address: Address Verified? Yes.	City:	County:	Stat	de Zip Code:	
Name of Children in Care (add pages if ne	eeded) S	Scholarship	Date of Birth	Age / Present (Y/N)	
(======================================			(02/22/2013)	10yr. / N	
10/19			(10/06/2021)	1yr./ N	
Safety of the Home				· · · · · · · · · · · · · · · · · · ·	
Directions: Review and determine compliant pages may be used for comments.	and the state	tandard. Note	any comments or of Y - Yes, N - No,	orrective actions needed. Additional D – Discussed, n/a – Not Applicable Comments/Notes	
Health and Safety Training:			Y/N	Corrective Action /Timeframe if needed	
Basic Health and Safety Training Completed?		Y	Relative Informal Care – Certificate Submitte		
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Is in good repair		Y	All areas were clean		
Is free of insect or rodent infestation			Y	No evidence of infestation	
Is well-lit and well-ventilated			Υ	All lights were turned on and natural window lighting	
• Has hot and cold running water			Υ	Tested by provider and steam observed on camera	
Has a working inside toilet	A 2016 E 12 D	1 61 6	Y	Flushed by provider and observed	
 Has utilities for cooking, lighting a 	and heating		Y		
 Has a working and safe heating s 	system	THE ST.	Y	Thermostat tested by provider for cooling & heating	
 Has a working refrigerator and str 	ove	a all don.	Y	Tested by provider and observed	
Has a working telephone	n your o.		Y	Outbound call made to provider's phone	
 Has operational smoke detector(s 			Y	Tested by provider and observed	
Has first aid kit/supplies		Y	Medical Supplies: Band-Aid, Gauze, Alcohol Wipes and Ointment stored in locked kitchen cabinet		
Has protective coverings on any of accessible to children	electrical outl	et that is	Y	All outlets covered and/or occupied	
Harmful items are stored appropriately a children:	nd away froi	m	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed	
Sharp or pointed items	and their	Significant, I	Y	Stored in high kitchen cabinet with lock	
Medications of any kind	i i i i i	attended to the second	Y	Stored in provider's bedroom	
- Matches lighters and flammable of	roducts	The state of the s	Y	Stored in high kitchen cabinet with lock	

Υ

Stored in high kitchen cabinet with lock

Does not own

Stored under kitchen sink with lock

Alcoholic beverages

Cleaning agents

Guns

Matches, lighters and flammable products

Poisonous substances	Υ	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	Diapers and wipes in changing area of playroom
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Disposed daily in trash can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Υ	
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:	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 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 the items are clean, organized, and usable. Comment and note below if needed.

- Flashlight
- ⊠Batteries for Flashlight
- ⊠Portable First Aid Kit

Thermometer

- ⊠Bottled water
- ⊠Non-perishable food
- ⊠Diapers

Change of clothes

- Folder or binder for EPP documents
- Backpack(s) or carrying case(s)
- ⊠Consider special toys or games
- packing tape & sealing plastic/trash

Medications	Blanket(s)
liems 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
waters, 2 canned and 6 dry snacks, 2 diapers	ht, 2 extra AA batteries, 1 first aid kit, 1 thermometer, no spec meds, 3 bottled w/ 1 pk of wipes, 2 outfits(top/bottom), 1 large blanket, 1 ok of flash cards, 1 ball, 1 ash bags, and folder w/ EPP and ECMA per child
Items to be reviewed on 05/02/2023: Corrected & F	Reviewed on 05/02/2023
- EPP documents (all 5 pages) and Description	of all Evacuation Procedures by Provider
Emergency Documents	
	Plan (this completed form)
Planning and Maintenance	
Person responsible for updating the Disaster Supply	Kit and the Emergency Documents regularly:
	st Name nsmore
Shelter In Place Procedure: The provider will call each child's name and gather the provider will use the sealing plastic and tape secure emergency is over.	the children and the ERTG and head into the basement (2 doors 1 window), the the areas if needed. The provider will call and text the before and after the
Evacuation Location(s) Procedures:	
once she and the children are secured in the location Alternate: If they could not access the primary local safety seat. Younger child in rear-facing car seat and	in which she will the parent immediately when the emergency began and
Signatures & Date	
Acknowledgement: By signing below the parties acknowledgement. The parties also acknowledge that, if pop up visit which will be conducted virtually or in-per	owledge that all standards have been reviewed, and any corrections if needed have if approved, the home in which care is provided is subject to random, unannounced ison.
PROVIDER	INSPECTOR
Printed Name: Eleni Densm	ore Printed Name:
Signature:	Signature:
Date: 6 06 2023 Phone:	Date: 05/02/2023 Phone: 1-877-227-0125

⊠Virtual Inspection ☐In-person Inspection

Maryland State Department of Education/Office of Child Care Child Care Scholarship Program

Return to: ccs.informalprovid

	INSPECTION C	ov	
Inspection Date: 05/10/2022 Follow Up Date: 05/11/2022 Informal Care	Time In: 1:45PM Time In: 11:00AM	Time Out: 2:47PM	Follow Up: Approved
Type of Care (check one): No	on-relative Informal Provider C	are ⊠Relative I	nformal Provider Care
First Name: Eleni Provider ID #	Last Name: Densme	ore	Provider ID: 349600
Care Location Inspected	90		Email:
Street Address: Address Verified? Yes	County:	State	Zip Code:
Name of Children in Care (add pages	if needed) Scholarship	Date of Birth	Age / Present (Y/N)
		2/22/2013	9 yrs / No, at school
		10/6/2021	6 mos / No, with Parent
ASSESSED FOR THE PARTY OF THE P			

lote any comments or	corrective actions needed. Additional
1 - 105, N - NO	, D - Discussed, n/a - Not Applicable
Standard Met	Corrective Action /Timeframe if needed
N/A	Informal Relative Provider
Standard Met Y/N	
Y	The ded
Y	
Y	/
Y	
Y	Cabinet under sink locked with cleaning agent
Y	strik locked with cleaning agen
Y	
Y	Light observed when opened
Y	Cell phone provider was called on
Y	
Y	Smoke detector in basement level observed
Y	12 Outlets covered
Standard Met	Comments/Notes Corrective Action /Timeframe if needed
	Relocated to the top of the refrigerator
	Locked in cabinet
	High Shelf
	High cabinet
	None
Y	Locked under sink
	Standard Met Y/N N/A Standard Met Y/N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Corrective Action / Imetrame if needed
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immedialely 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:	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.	Υ,	

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

Disaster Supply Kit

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

 ⊠Flashlight
 ⊠Bottled water
 ⊠Folder or binder for EPP documents

 ⊠Batterles 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

 baos

⊠Medications N/A	⊠Blanket(s)	
Items in the Disaster Supply Kit are clean, or	manized and weekle draws	
Emergency Ready-to-Go Pack is available a	nd easily accessible in the event of an access	Armon
Location of The Emergency Ready to go I	De la companya de la	ency (Y/N)? Y
	Pack: Family room	
Item Specification (If needed)		
Band-Aids, gloves, gauze, tape, ointment, w	000 000	
2 onesies for baby, 2 blankets, One shirt and 316oz, bottles of water, pedia lite, 4 baby to	one pair of pants for	e,
316oz. bottles of water, pedia lite, 4 baby for Books, toys, yarn to make crafts	od cups, cookies, granola bars, peanuts, 2 che	ef Boyardee cans
books, toys, yarn to make crafts		25/5/5/5 52/13
Items to review on 05/11/2022 if needed:	Observed on 05/11/2022	
Electrical covers in kitchen, Sharp items and	pointed items, smoke alarm in the house, Eva	acuation procedure Observed on 05/11/2022.
Emergency Documents	110	
⊠Informal Provider Emergency Prepa	aredness Plan (this completed form)	
Authorization for emergency medical	al care	
Planning and Maintenance		
	Post Mile 111 -	
Person responsible for updating the Disaster	Supply Kit and the Emergency Documents	regularly
Description of how the Emergency Ready-to- Shelter In Place Procedure: The provider will gather the children and emergency	Go Pack will be transported to an evacuation	on location: Carried/ Driven
Secured shelter. Evacuation Procedures: Gather the children and han and	-Go Pack will be transported to an evacuation of the basement that has common and tape from the emergency to go back.	on location: Carried/ Driven s 2 doors and 1 window. If the need should aris Provider would call the parent once in the
Description of how the Emergency Ready-to- Shelter In Place Procedure: The provider will gather the children and eme the provider would seal the shelter with plast secured shelter. Evacuation Procedures: Gather the children and bag and shelter in the basement(0 doors and windows	Last Name Go Pack will be transported to an evacuation of the pasement that hat it is and tape from the emergency to go back. e which is the provide the provider will receive instruction.	on location: Carried/ Driven
Description of how the Emergency Ready-to- Shelter In Place Procedure: The provider will gather the children and emethe provider would seal the shelter with plast secured shelter. Evacuation Procedures: Gather the children and bag and shelter in the basement(0 doors and windows bag and head to her vehicle where she will see evacuation location which is the library. The Fwith the parent and 911 immediately at the times of the state of the second	Last Name Go Pack will be transported to an evacuation of the basement that has it and tape from the emergency to go back. e which is the provider of the baby in a car seat and the provider will receive instruction on where to the emergency.	on location: Carried/ Driven s 2 doors and 1 window. If the need should aris Provider would call the parent once in the imary location. The Provider and the children we re will gather the children and emergency to go er booster seat before driving to the alternate shelter upon arrival. The provider will be in tour
Description of how the Emergency Ready-to- Shelter In Place Procedure: The provider will gather the children and emethe provider would seal the shelter with plast secured shelter. Evacuation Procedures: Gather the children and bag and shelter in the basement(0 doors and windows bag and head to her vehicle where she will see a secured shelter in the parent and 911 immediately at the time of the parent and 911 immediately at the time	Last Name Go Pack will be transported to an evacuation of the passent that has it and tape from the emergency to go back. e which is the provide the provide the baby in a car seat and provider will receive instruction on where to the of the emergency.	on location: Carried/ Driven s 2 doors and 1 window. If the need should aris Provider would call the parent once in the imary location. The Provider and the children were will gather the children and emergency to go
Description of how the Emergency Ready-to- Shelter In Place Procedure: The provider will gather the children and emethe provider would seal the shelter with plast secured shelter. Evacuation Procedures: Gather the children and bag and shelter in the basement(0 doors and windows bag and head to her vehicle where she will see avacuation location which is the library. The Fwith the parent and 911 immediately at the time of the particular of the parent and 911 immediately at the time of the particular of the parti	Last Name Go Pack will be transported to an evacuation of the passent that has it and tape from the emergency to go back. e which is the provide the provide the baby in a car seat and provider will receive instruction on where to the of the emergency.	on location: Carried/ Driven s 2 doors and 1 window. If the need should aris Provider would call the parent once in the imary location. The Provider and the children we re will gather the children and emergency to go er booster seat before driving to the alternate shelter upon arrival. The provider will be in touch reviewed, and any corrections if needed have a provided is subject to random, unannounced
Description of how the Emergency Ready-to- Shelter In Place Procedure: The provider will gather the children and eme the provider would seal the shelter with plast secured shelter. Evacuation Procedures: Gather the children and bag and shelter in the basement(0 doors and windows bag and head to her vehicle where she will se evacuation location which is the library. The P with the parent and 911 immediately at the tin Signatures & Date Acknowledgement: By signing below the partie seen discussed. The parties also acknowledge opp up visit which will be conducted virtually or PROVIDER	Last Name Go Pack will be transported to an evacuation of the provider and tape from the emergency to go back. e which is the provider the baby in a car seat and the provider will receive instruction on where to the emergency. s acknowledge that all standards have been a that, if approved, the home in which care in-person.	on location: Carried/ Driven s 2 doors and 1 window. If the need should aris Provider would call the parent once in the imary location. The Provider and the children we re will gather the children and emergency to go er booster seat before driving to the alternate shelter upon arrival. The provider will be in tour
Description of how the Emergency Ready-to- Shelter In Place Procedure: The provider will gather the children and emethe provider would seal the shelter with plast secured shelter. Evacuation Procedures: Gather the children and bag and shelter in the basement(0 doors and windows bag and head to her vehicle where she will see avacuation location which is the library. The Fwith the parent and 911 immediately at the time of the parent	Last Name Go Pack will be transported to an evacuation of the provider and tape from the emergency to go back. e which is the provider the baby in a car seat and the provider will receive instruction on where to the emergency. s acknowledge that all standards have been a that, if approved, the home in which care in-person.	on location: Carried/ Driven s 2 doors and 1 window. If the need should aris Provider would call the parent once in the imary location. The Provider and the children we re will gather the children and emergency to go er booster seat before driving to the alternate shelter upon arrival. The provider will be in touch reviewed, and any corrections if needed have a provided is subject to random, unannounced
Description of how the Emergency Ready-to- Shelter In Place Procedure: The provider will gather the children and emethe provider would seal the shelter with plast secured shelter. Evacuation Procedures: Gather the children and bag and shelter in the basement(0 doors and windows bag and head to her vehicle where she will see avacuation location which is the library. The Fwith the parent and 911 immediately at the ting signatures & Date Acknowledgement: By signing below the partie seen discussed. The parties also acknowledge pop up visit which will be conducted virtually or PROVIDER Printed Name:	Last Name Go Pack will be transported to an evacuation of the basement that has it and tape from the emergency to go back. e which is the provider they could not shelter there the provider of the baby in a car seat and he provider will receive instruction on where to the emergency. S acknowledge that all standards have been that, if approved, the home in which care in in-person. Printed Name:	on location: Carried/ Driven s 2 doors and 1 window. If the need should aris Provider would call the parent once in the imary location. The Provider and the children we re will gather the children and emergency to go er booster seat before driving to the alternate shelter upon arrival. The provider will be in touch reviewed, and any corrections if needed have a provided is subject to random, unannounced

⊠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: 6/13/2024	Tim	e In: 1:30pm	Time Out: 2:26pm	n Result: Passed
Informal Care				
Type of Care (check one):	lon-relative In	formal Provider C	are	Informal Provider Care
Provider Information				
First Name: Elaine	Las	Name: Dickerso	on	Provider ID: 552795
Provider ID #:				Email:
Care Location Inspected				
Street Address: Address Verified?: Yes	City:	County:	State:	Zip Code:
Name of Children in Care (add page	es if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
			2/18/2022	2yrs old / Y

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
		2/18/2022	2yrs old / Y
Safety of the Home			
Directions: Review and determine compliance Additional pages may be used for comments.			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 Safety Training Complete	ed?	Υ	
Home is free of health and safety hazards:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair		Υ	
 Is free of insect or rodent infestation 		Υ	
Is well-lit and well-ventilated		Υ	
 Has hot and cold running water 		Υ	
Has a working inside toilet		Y	
 Has utilities for cooking, lighting and heatin 	g	Υ	
Has a working and safe heating system		Y	
 Has a working refrigerator and stove 		Υ	
 Has a working telephone 		Υ	
 Has operational smoke detector(s) 		Υ	
Has first aid kit/supplies		Y	
 Has protective coverings on any electrical of accessible to children 	outlet that is	Y	
Harmful items are stored appropriately and away children:	from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	
 Medications of any kind 		Y	
Matches, lighters and flammable products Alcoholic beverages Guns		Υ	
		Υ	
		Υ	
Cleaning agents		Υ	
 Poisonous substances 		Y	
GENERAL CLEANLINESS STANDARDS		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diape	ering area.	Υ	

Frash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Υ	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Υ	
Diapering procedures are followed.	Υ	
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.	Υ	
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	Υ	
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.	Υ	

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) and Emergency Documents. **Disaster Supply Kit** Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. **⊠Flashlight** ⊠Bottled water ⊠Folder or binder for EPP documents **⊠**Batteries Non-perishable food ⊠Backpack(s) or carrying case(s) ⊠Portable First Aid Kit ⊠Consider special toys or games ⊠Diapers ⊠Thermometer Packing Tape & Sealing Plastic/ Trash Bags ☐ Medications N/A ⊠Blanket(s) Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes

Location of Emergency Ready to go Pack: B	ack room		
Item Specification (if needed):			
Can Opened			
To be observed for compliance on :			
•			0
Emergency Documents			The second second
⊠Informal Provider Emergency Prepare	dness Plan (this con	npleted form)	
	care		*
Planning and Maintenance			
Person responsible for updating the Disaster S	upply Kit and the En	nergency Documents regul	arly:
First Name	Last Name		
Description of how the Emergency Ready-to-G	o Pack will be transp	ported to an evacuation loc	ation:
Shelter In Place Procedures:			
The Provider will contact the parent to inform the child and the child and the child are the child a			then grab the bag from the bed, grab the
Evacuation Procedures:			
	e child in their rear to Provider will contact	facing car seat. The Provid	er would load the bag into the car and drive of their relocation. She would
	e child in their rear to val the Provider will	facing car seat. The Provid	er would load the bag into the car and drive in them of their relocation. The Provider will
CARE HOURS:			
Signatures & Date			
Acknowledgement: By signing below the parties a been discussed. The parties also acknowledge the pop up visit which will be conducted virtually or in-	at, if approved, the ho		
PROVIDER			INSPECTOR
Printed Name: Elaine Marie Dic	kerson	Printed Name:	
Sigi		Signature:	
Date: 06-17- 24 Phone:		Date: 6/13/2024	Phone: 1-877-227-0125
the state of the s			

⊠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: 2/26/2025	Time In: 5:00 pm	Time Out: 6:00 pr	m Result Passed
Informal Care			
Type of Care (check one).	n-relative Informal Provider C	are ⊠Relative	Informal Provider Care
Provider Information			
First Name: Jeannie	Last Name: Dillon		Provider ID: 574006
Provider ID #;			Email:
Care Location Inspected			
Street Address Address Verified? Yes	City Coun	X.	State Zip Code:
Name of Children in Care (add pages i	f needed) Scholarship	Date of Birth	Age / Present (Y/N)
		05/24/2024	9 months/ N

Safety of the Home		
Directions: Review and determine compliance with each stan Additional pages may be used for comments.		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 Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
Guns	Y	
Cleaning agents	Y	
Poisonous substances	Y	
ENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Il areas of the home are kept clean, including diapering area.	Y	

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
A child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury	Y	Corrective Action /Timeframe if needed
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.	*	
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	
provider immediately reports any suspected child abuse, lect or mistreatment by calling 911 and your local partment of Social Services Child Protective Services	¥	

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	The deadle. Comment and note below if needed.
⊠Batteries	⊠Non-perishable food	
⊠Portable First Aid Kit	⊠ Diapers	⊠Backpack(s) or carrying case(s)
	a Urapers	⊠Consider special toys or games
⊠Thermometer	⊠Change of clothes	Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash
⊠Medications	⊠Blanket(s)	Bags

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

Location of Emergency Ready to go Page	CR. CORT GIOSOT
Emergency Documents	
⊠Informal Provider Emergency Pre ⊠Authorization for emergency med	sparedness Plan (this completed form) lical care
Planning and Maintenance	
Person responsible for updating the Disasi First Name Jeannie	ter Supply Kit and the Emergency Documents regularly: Last Name Dillon
Description of how the Emergency Ready-	te-Go Pack will be transported to an evacuation location:
Shelter In Place Procedures:	
The Provider will gather the ready to go be	haltoring
Evacuation Procedures: The Provider will gather the child and the during and after sheltering. The Provider will gather the child and the parent before, during and after sheltering.	ready to go bag, carrying the baby in the harness. The provider will all/text parent before, 1 doors, 3 window(s)). The provider will call/text parent before, ready to go bag, securing the child in a rear facing car seat. The provider will (1 doors, 2 window(s)). The provider will call/text
during and after sheltering. The Provider will gather the child and the parent before, during and after sheltering. CARE HOURS: Signstures & Date	ready to go bag, carrying the baby in the harness. The provider will 1 doors, 3 window(s)). The provider will califtext parent before, 1 doors, 3 window(s)). The provider will ready to go bag, securing the child in a rear facing car seat. The provider will (1 doors, 2 window(s)). The provider will califted
Evacuation Procedures: The Provider will gather the child and the during and after sheltering. The Provider will gather the child and the parent before, during and after sheltering. CARE HOURS: Signatures & Date Acknowledgement: By signing below the paraner discussed. The parties also acknowled	ready to go bag, carrying the baby in the harness. The provider will 1 doors, 3 window(s). The provider will call/text parent before, ready to go bag, securing the child in a rear facing car seat. The provider will (1 doors, 2 window(s)). The provider will call/text (1 doors, 2 window(s)).
Evacuation Procedures: The Provider will gather the child and the during and after sheltering. The Provider will gather the child and the parent before, during and after sheltering. CARE HOURS: Signatures & Date	ready to go bag, carrying the baby in the harness. The provider will 1 doors, 3 window(s). The provider will call/text parent before, ready to go bag, securing the child in a rear facing car seat. The provider will (1 doors, 2 window(s)). The provider will call/text (1 doors, 2 window(s)).
Evacuation Procedures: The Provider will gather the child and the during and after sheltering. The Provider will gather the child and the parent before, during and after sheltering. CARE HOURS: Signatures & Date Acknowledgement: By signing below the paraeen discussed. The parties also acknowledgement during the paraeen discussed. The parties also acknowledgement by parties also acknowledgement by parties also acknowledgement.	ready to go bag, carrying the baby in the harness. The provider will all toors, 3 window(s). The provider will call/text parent before, ready to go bag, securing the child in a rear facing car seaf. The provider will (1 doors, 2 window(s)). The provider will call/text (1 doors, 2 window(s)).
Evacuation Procedures: The Provider will gather the child and the during and after sheltering. The Provider will gather the child and the parent before, during and after sheltering. CARE HOURS: Signatures & Date Acknowledgement: By signing below the parent decussed. The parties also acknowledgen up visit which will be conducted virtually	ready to go bag, carrying the baby in the harness. The provider will all toors, 3 window(s). The provider will call/text parent before, ready to go bag, securing the child in a rear facing car seaf. The provider will (1 doors, 2 window(s)). The provider will call/text (1 doors, 2 window(s)).

50
□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 inform	alproviders@maryland o
OA	asproviders@manu-
	yland o

		Marcon			1
Inspection Date: 07/01/2022 Follow-up Inspection Date: 0		Time In: 3:32PM Time In: 8:00 AM	Time Out: 4:57 Pt Time Out: 8:13 Al	M Resu	It: APPROVED
Informal Care		to formal Provider (are //Relative	leda	
Type of Care (check one)	Non-relativ	e Informal Provider (Said "Sucrative	informal Pr	Ovider Care
Provider Information		Mama: Divon		Dron	
First Name Corresha Last Name: Dixon				Provider ID 443483 Email	
Provider ID #				2714	_
Care Location Inspected Street Address:	Cit	Coun	ty	State	Zip code
Address Venfied? Yes.					
Name of Children in Care (add pages if neede	d) Scholarship	Date of Birth	Age	/ Present (Y/N)
			(04/28/2011)	11yr	/ N
			(06/17/2016)	6yr	/ N
			(03/13/2014)	8yr	/ N
Safety of the Home					
Directions: Review and deten	mine compliance w	th each standard. No	le any comments or c	orrective ac	tions needed. Additional
pages may be used for comm	ents.			- DISCUSS	ed, n/a - Not Applicable
Health and Safety Training:		Standard Met Y/N	Y/N Corrective Action /Timeframe		
Basic Health and Safety Tra	ning Completed?		Y		Relative Informal Care
Home is free of health and	safety hazards:		Standard Met Y/N	Correct	nts/Notes ive Action /Timeframe if needed
 Is in good repair 			Y		All areas were clean and organized
Is free of insect or r	Control of the second s		Y		No evidence of infestation
Is well-lit and well-v	entilated		Y		Wet-it and well-ventilated
Has hot and cold running water			Y	Ot	bserved and tested hot water and cold
Has a working inside toilet			Y		Observed and flushed by provider
Has utilities for cool		A STATE OF THE PARTY OF THE PAR	Y		Organized in kitchen cabinets
Has a working and	safe heating syste	em	Y		
Has a working refrig	to true and the same state of		Y		
Has a working telep			Y	1	Everyone has celiphones
Has operational smoke detector(s)			Y		Observed and tested
Has first aid kit/supp			Y		First aid kit and additional supplies
Has protective cove accessible to childre		trical outlet that is	Y		Not required due to their ages
larmful items are stored ap hildren:	propriately and	way from	Standard Met Y/N	Commer	nts/Notes ve Action /Timeframe if needed
Sharp or pointed item	ns		Y		
 Medications of any ki 			Y		Does not own
Matches, lighters, an	The state of the s	urte	· ·	100	hter stored in cabinet above the stove
 Alcoholic beverages 	and prod		· ·		Does not own
• Guns			Y	-	Does not own
Cleaning agents				-	Stored on top of the fridge
The state of the s			. W		James C. C.

Does not own

Revised 10 2021

CENERAL OF CASH DIRECTOR	Standard Met	Comments/Notes
GENERAL CLEANLINESS STANDARDS	Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area	Y	No diaper age children.
Trash, garbage, and wet and soiled 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	
Diapening procedures are followed.	Y	No diaper age children.
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Toileting. Diapening. 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 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, the items are clean, organized, and usable. Comment and note below if needed.

⊠ Bottled water

SEFolder or binder for EPP documents

⊠Batteries for Flashlight

87Non-perishable food

⊠Change of clothes

⊠Backpack(s) or carrying case(s)

⊠Portable First Aid Kit

⊠Thermometer

⊠ Diapers

MSDE OCC Informal Care Impection Checklist

Page 2 of 3

Revised 10-2021

		packing tape & sealing plastic/trash
		bags pastic/trash
⊠Medications .	⊠Blanket(s)	
items in the Disaster Supply Kit a	re clean, organized, and usable (Y/N	()? Y
Emergency Ready-to-Go Pack is	available and easily accessible in th	e event of an emergency (Y/N)? Y, near the front door exit.
Emergency Documents		
⊠Informal Provider Emerg	ency Preparedness Plan (this com	pleted form)
	incy medical care	
Planning and Maintenance		
Person responsible for updating t	he Disaster Supply Kit and the Em	ergency Documents regularly:
First Name	Last Name	
D		
Description of how the Emergence	y Ready-to-Go Pack will be transp	orted to an evacuation location:
Item Specification (if-needed):		
- 2 thermometers 4 second	tranta di batta di constanti di mandiani	
celiphones, 2 blankets	3 outfits/1 per child 1 roll of duct to	tions, no diapers, 5 extra AA batteries, 2 flashlights, 2 books and their ape, 4 trash bags, 1 first aid kit, 1 hardware scissors, folder w/ EPP
and ECMA per child.	Tomas por crea, 1100 or cook to	per Table Language I land Kit. 1 hardware scissors, folder w/ EPP
Shelter-in-Place Procedures: T	he provider will gather the children	and do the counting method with the to-go bag and go into the
		and do the counting method with the to-go bag and go into the long the windows. The provider will contact the guardian as soon as
the emergency begins and will st	ay there until its safe to leave.	as soon as
Evacuation Location(s):		
Primary - Provider will gather the	children and do the counting mer	thod and grab the to-go bag. Kharon will be strapped into his seatbelt,
a car seat, and Lorii in a t	pooster seat, they will drive to	Provider will use her speed into his seatbelt,
then go into his basement area. I	he basement has (2 doors 3 wind	Provider will use her spare key to enter the home and lows). Provider will call, text, and email the guardian as soon as
possible.		The goal day as soon as
Alternate - Provider will call as		
seal and in a booster seat 1	he children with the counting meth	od, with to-go bag. She will secure seather,
Upon entry they will go into the b	asement area (2 doors 3 windows	and either have key access or be let in by the homeowner.). Provider will call, text, and email the guardian as soon as they are
settled.	and it soons a minows). Provider will call, text, and email the guardian as soon as they are
items to be reviewed on 07/05/	22: Corrected & Reviewed on 07	/05/2022
- First aid kit for emergen	by, nouseware-nardware scissors.	needs EPP and ECMA per child printed
Signatures & Date		
Acknowledgement: By signing be been discussed. The parties also pop-up visit which will be conduct	acknowledge that, if approved, the	all standards have been reviewed, and any corrections if needed have a home in which care is provided is subject to random, unannounced
	VIDER	INSPECTOR
	PSho Dix	
Signature	TODO A	3//
		Signature:

Phone: 1-877-227-0125

Phone:

Date: 7 11 22

Date 07/05/2022

□In-person

Maryland State Department of Education/Office of Child Care

Child Care Scholarship Program
INFORMAL CARE

Return to:

Inspection	INS	INSPECTION CHECKLIST		Ccs.mornaproviders@maryand.go-		
nspection Date: 2/29/2024	Time	Time In: 1:20pm		n Result: Passed		
Informal Care						
Type of Care (check one):	☐ Non-relative Info	rmal Provides O				
Provider Information		arran riovider C	are Relative	Informal Provider Care		
First Name: Vilma	1					
Provider ID #:				Provider ID: 543167		
Care Location Inspected				Email:		
Street Address:		City				
Address Verified?: Yes		City	Count	State Zip Code		
lame of Children in Care	(add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)		
			3/10/2023	11 mos / Y		
			0/10/2020	111105 / 1		
Safety of the Home						
Directions: Review Additional pages n	v and determine compliance hay be used for comments.	e with each stand	lard. Note any comm	ents or corrective actions needed.		
				D – Discussed, n/a – Not Applicable		
Health and Safety Training	ng:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Basic Health and	Safety Training Complete	ed?	Y			
Home is free of health and safety hazards:			Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
Is in good repair		13	Y			
 Is free of insect of 	or rodent infestation		Υ			
 Is well-lit and we 	ll-ventilated	456	Y			
 Has hot and cold 	running water		Y			
Has a working inside toilet			Y			
 Has utilities for c 	ooking, lighting and heatir	ng	Υ			
 Has a working a 	nd safe heating system		Υ			
 Has a working re 	frigerator and stove		Υ			
 Has a working te 	lephone		Y			
 Has operational 	smoke detector(s)		Υ			
 Has first aid kit/s 	upplies		Y			
	 Has protective coverings on any electrical outlet that is accessible to children 		Υ	Lower level 15 Upper Level 4		
Harmful items are stored hildren:	d appropriately and awa	y from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed		
 Sharp or pointed 	Sharp or pointed items			Moved knives on top of the refrigerator.		
 Medications of ar 	Medications of any kind			On top of dresser in Provider's room		
Matches, lighters and flammable products		Υ				
Alcoholic beverage	Alcoholic beverages					
• Guns			Y			
Cleaning agents	Cleaning agents			Moved cleaning items in top floor bathroom		

All areas of the home are kept clean, including diapering area.

Poisonous substances

GENERAL CLEANLINESS STANDARDS

Standard Met

Y/N

Comments/Notes

Corrective Action /Timeframe if needed

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.	Υ	
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 Al 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
 child is not subject to any form of abuse, including: Physical injury Any sexual abuse Mental injury 	Y	
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.	Υ	
 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	
ne provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your <u>local</u> repartment of Social Services Child Protective Services Unit.	Υ	

Emergency Ready-to-Go Pack The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) <u>and</u> Emergency Documents. Disaster Supply Kit Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed. ⊠Folder or binder for EPP documents ⊠ Bottled water Non-perishable food ⊠Backpack(s) or carrying case(s) **⊠**Batteries □ Consider special toys or games ⊠Diapers ⊠Portable First Aid Kit Packing Tape & Sealing Plastic/ Trash Bags ⊠Blanket(s) ☐ Medications N/A Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Yes Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes

Location of Emergency Ready to go Pack; In s	shoe holder cubby n	Dar II	
Item Specification (if needed):		the front door	
4 diapers			
 2 water bottles 			
 3 canned foods 			
To be observed for compliance on :			
•			
Emergency Documents			
⊠Informal Provider Emergency Preparation			
	ness Plan (this comp	leted form)	
Planning and Maintenance			
Person responsible for updating the Discot			
Person responsible for updating the Disaster Sur First Name Vilma	oply Kit and the Eme	rgency Documents regula	rlv:
	Last Name Donis	gency booding to gate	,.
Description of how the Emergency Poodule	201113		
Description of how the Emergency Ready-to-Go Shelter In Place Procedures:	Pack will be transpo	rted to an evacuation loca	tion:
The Provider will get the baby, the bag and ensu sheltering in the kitchen (1 door 1 window).			
Evacuation Procedures:			
The Provider will get the baby, the bag and securarive the Provider will secure the car seat in the the child's mother transports them large window). The Provider will consider the ranks			and it
The Provider will get the baby, the bag and secu arrive the Provider will secure the car seat in the o the child. The Provider will continue the provider will be about the provider will be about the provider will get the baby, the bag and secure the provider will get the baby, the bag and secure the provider will get the baby, the bag and secure the provider will secure the provide	ire the baby in the ca	r seat and call the child's	parents for a ride. Once one of the parents and child will
Care Hours	dot the rateful phor t	o leaving the care location	1.
Care nours:			
Signatures & Date			
Acknowledgement: By signing below the parties ac been discussed. The parties also acknowledge that pop up visit which will be conducted virtually or in-p	knowledge that all stat, if approved, the homoerson.	ndards have been reviewed ne in which care is provided	d, and any corrections if needed have is subject to random, unannounced
PROVIDER			INSPECTOR
Printed Name: Mary Doll		Printed Name:	INOT ESTOR
Signature:		Signature:	_
5.4			
Date: 3 Phone	ę i o o	Date: 2/29/2024	Phone: 1-877-227-0125

□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: 7/18/2024	Time In: 1:30pm	Time Out: 3:10pn	n Result: Passed
nformal Care			
ype of Care (check one):	Non-relative Informal Provider C	are Relative	Informal Provider Care
Provider Information			
First Name: Marlene	Last Name: Donova	n	Provider ID: 556035
Provider ID #:			Email
Care Location Inspected			
treet Address: Iddress Verified?: Yes	City: Count	X	State: Zip Code:
	THE RESIDENCE OF THE PROPERTY OF THE PARTY O	7	
ame of Children in Care (add pag	ges if needed) Scholarship	Date of Birth	Age / Present (Y/N)
ame of Children in Care (add pag	ges if needed) Scholarship	Date of Birth 3/5/2013	Age / Present (Y/N) 11 years old/ N
ame of Children in Care (add pag	ges if needed) Scholarship		
ame of Children in Care (add page	ges if needed) Scholarship	3/5/2013	11 years old/ N
lame of Children in Care (add page	ges if needed) Scholarship	3/5/2013	11 years old/ N 7 years old/ N

	12/2/2016	7 years old/ N
	2/7/2019	5 years old/ N
	11/20/2021	2 years old/ N
	3/17/2024	4 months/ N
Safety of the Home		
Directions: Review and determine compliance with each stan Additional pages may be used for comments.		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 Safety Training Completed?	Y	
Home is free of health and safety hazards:	Standard Met Y/N	Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
 Has utilities for cooking, lighting and heating 	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
Has protective coverings on any electrical outlet that is accessible to children	Y	
armful items are stored appropriately and away from ildren:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
• Guns	Y	
Cleaning agents	Y	
Poisonous substances	V	

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
• Guns	Y	
Cleaning agents	Y	
Poisonous substances	Y	

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: • Toileting; • Diapering; • Before food preparation and eating; • After playing outdoors; and • At other times when necessary to prevent the spread of disease.	*	
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 	*	
 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. 	*	
 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 	4	
he provider immediately reports any suspected child abuse, eglect or mistreatment by calling 911 and your local epartment of Social Services Child Protective Services Unit.	Y	

Emergency Ready-to-Go Pack

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

Disaster Supply Kit

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

⊠Flashlight	⊠ Bottled water	
⊠Batteries		
⊠ Portable First Aid Kit	⊠Diapers	⊠Consider special toys or games
⊠Thermometer		⋈ Heavy Duty Scissors, Duct Tape/

		Packing Tape & Sealing Plastic/ Trash Bags
⊠Medications ⊠Blanke		
Items in the Disaster Supply Kit are clean, organized, and usab		
Emergency Ready-to-Go Pack is available and easily accessib	ole in the event of an emergency (Y/N)?	Yes
Location of Emergency Ready to go Pack: Coat closet		
Item Specification (if needed): Baby Bottle & formula		
Emergency Documents		
☑Informal Provider Emergency Preparedness Plan (the Mathorization for emergency medical care	is completed form)	
Planning and Maintenance		
Person responsible for updating the Disaster Supply Kit and the First Name Marlene Last Name		
Description of how the Emergency Ready-to-Go Pack will be Shelter In Place Procedures:	transported to an evacuation location	on:
The Provider will call/ text the Parent to inform her of the emergency is over, the Provider would call the Parent and pr	Provider would text the parent to info	Provider would conduct a head count of
Evacuation Procedures:		
and shelter with the children in . The Provider would conduct another head count of build text the parent to inform her that they are secured. After odate. The Provider would conduct another head count of build text the parent to inform her of the emergency bag. The Provider would be the provider would be the parent to inform her of the emergency bag. The Provider would be the parent of the provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The Provider would be the parent to inform her of the emergency bag. The parent to inform her of the emergency bag. The parent to inform her of the emergency bag. The parent to inform her of the emergency be the parent to inform her of the emergency bag. The parent to inform her of the emergency bag. The parent to inform her of the emergency bag. The parent to inform her of the emergency bag. The parent to inform her of the emergency bag. The parent to inform her of the emergency bag. The parent to inform her of the emergency bag. The parent to inform her of the emergency bag. The parent to inform her of the emer	(1 door(s) 1 window(s)). To all children and seal the windows or the emergency is over, the Providence of all children and count of all children that is point harness forward facing carrider would conduct another head of all children and seal the window of all children and seal the	The younger child would be carried to the s/ doors. Once secured, the Provider ider would call the Parent and provide an older children walk to the car while she ren before securing the 11 y/o in a seat r seat and the 4 month old in a rear facing count and gain entry to the location by he younger child would be carried to the vs/ doors. Once secured, the Provider
natures & Date		
nowledgement: By signing below the parties acknowledge that discussed. The parties also acknowledge that, if approved, up visit which will be conducted virtually or in-person.	at all standards have been reviewed the home in which care is provided	d, and any corrections if needed have is subject to random, unannounced
p visit which will be conducted virtually or in-person. PROVIDER		INSPECTOR
ed Name: Marlene Donovan	Printed Name:	
ture	Signature	
7/18/2004 Phone:	Date: 7/18/2024	Phone: 1-877-227-0125

☐ 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.g ov

Inspection Date: 01/09/2024	Time In: 10:30AM	Time Out: 11:25	AM Result: PASSED
Informal Care			
Type of Care (check one): Non-relat	ive Informal Provider C	are □Relative	Informal Provider Care
Provider Information		34	
First Name: Chanel	Last Name: Dozier		Provider ID: 504295
Provider ID			Email:
Care Location Inspected			
Street Address: City: Address Verified? Yes.	County:	State	Zip Code:
Name of Children in Care (add pages if need	led) Scholarship	Date of Birth	Age / Present (Y/N)
		(05/26/2022)	1yr. / Y
		(05/26/2022)	1yr. / Y
Safety of the Home			
Directions: Review and determine compliance pages may be used for comments.	with each standard. Note	e any comments or of Y – Yes, N – No,	corrective actions needed. Additional D - Discussed, n/a - Not Applicable
Health and Safety Training:		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed	?	Y	Non-Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards		Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair		Y	
 Is free of insect or rodent infestation 		Y	No evidence of infestation
 Is well-lit and well-ventilated 		Υ	Lots of artificial and access to natural lighting
Has hot and cold running water		Y	Tested by provider and observed steam from kitchen sink
Has a working inside toilet		Y	Tested by provider and observed in all bathrooms
 Has utilities for cooking, lighting and 	I heating	Y	
 Has a working and safe heating sys 	tem	Y	Tested the digital thermostat and observed
 Has a working refrigerator and stove 	9	Y	
 Has a working telephone 		Y	Outbound call made to provider's phone
Has operational smoke detector(s)		Y	Tested by provider and observed
Has first aid kit/supplies		Y	Band-Aids, Alcohol wipes, baby medicine, gauze, medical tape, ointments in bathroom closet
 Has protective coverings on any ele accessible to children 	ctrical outlet that is	Y	All outlets observed and either occupied or had the inner sheath covering
Harmful items are stored appropriately an children:	d away from	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items		Y	Knives stored in locked kitchen drawer
Medications of any kind		Υ	Stored on a high shelf in bathroom closet
 Matches, lighters and flammable pro 	oducts	Υ	Box of matches moved to top of fridge
Alcoholic beverages		Υ	Does not own
• Guns		Υ	Does not own
Cleaning agents		Y	All cleaning agents moved to high level shelf of family bathroom
Poisonous substances		Y	Does not own
GENERAL CLEANLINESS STANDARDS		Standard Met	Comments/Notes

	Y/N	Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Υ	Clean diapering area
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Garbage area disposed of daily
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Υ	Changing bag had all changing supplies
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	The children have a separate sink for their usage
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:	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 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.

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

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y			
Location of The Emergency Ready to go Pack: In the front room	near exit		
thermometer, no specific meds only general, 3 bottled waters	es, First aid (gauze, Band-Aids, Neosporin, medicine syringe), 1 rs, peanut butter, crackers, canned tuna, 3 diapers w/ 1 pk of wipes, 2 MA docs, 2 books, 1 pair of scissors, 1 roll of duct tape, and 1 roll of		
Emergency Documents			
⊠Informal Provider Emergency Preparedness Plan (this com	npleted form)		
□ Authorization for emergency medical care			
Planning and Maintenance			
Person responsible for updating the Disaster Supply Kit and the Em	nergency Documents regularly:		
First Name Last Name			
Description of how the Emergency Ready-to-Go Pack will be transp	ported to an evacuation location: Carried by provider.		
Shelter In Place Procedure:	1: Leave and an alarmetaire to the placet room in the hasement (1		
The provider will grab the ready to go bag and then pick up both bat door 1 small window), and if needed she will seal up any areas with areas closed and sealed as needed, she will call or text the mother at Evacuation Procedures:	abies by arm, and go downstairs to the closet room in the basement (1 harge trash bags and duct tape. Once the babies are secured and all about the emergency.		
Primary: The provider will grab the emergency bag and fasten both	children in their double strollers with individual seating (side by side)		
and secure them in.	and will contact the parents via call or text		
once they are secured in the location.			
Alternate:	in their double strollers with individual seating (side by side) and		
The provider will grab the emergency bag and fasten both children i secure them in.	Upon entry		
they are secured and when			
uto,	then she will call or text the parent once they are secured and when		
the emergency is over.	then she will call or text the parent once they are secured and when		
the emergency is over. Signatures & Date			
the emergency is over. Signatures & Date Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the	then she will call or text the parent once they are secured and when		
Signatures & Date Acknowledgement: By signing below the parties acknowledge that all	Il standards have been reviewed, and any corrections if needed have		
Signatures & Date Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person.	Ill standards have been reviewed, and any corrections if needed have home in which care is provided is subject to random, unannounced		
Signatures & Date Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person. PROVIDER	Ill standards have been reviewed, and any corrections if needed have home in which care is provided is subject to random, unannounced INSPECTOR		
Signatures & Date Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person. PROVIDER Printed Name: COCOL DOZICO	Ill standards have been reviewed, and any corrections if needed have home in which care is provided is subject to random, unannounced INSPECTOR Printed Name:		
Signatures & Date Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person. PROVIDER Printed Name: Common Doziel Signature	Ill standards have been reviewed, and any corrections if needed have home in which care is provided is subject to random, unannounced INSPECTOR Printed Name: Signature:		
Signatures & Date Acknowledgement: By signing below the parties acknowledge that all been discussed. The parties also acknowledge that, if approved, the pop up visit which will be conducted virtually or in-person. PROVIDER Printed Name: Common Doziel Signature	Ill standards have been reviewed, and any corrections if needed have home in which care is provided is subject to random, unannounced INSPECTOR Printed Name: Signature:		

⊠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.g ov

Inspection Date: 02/08/2023 Follow-up Inspection Date: 02/08/2023	Time In: 9:00AM Time In: 11:00AM	Time Out: 10:124 Time Out: 11:054	
Informal Care	www.		
Type of Care (check one): Non-re	lative Informal Provider C	are Relative	Informal Provider Care
Provider Information			
First Name: Chanel	Last Name: Dozier		Provider ID: 504295
Provider ID #:	The second control of the second		Email:
Care Location Inspected			
Street Address: City: Address Verified? Yes.	County	St	ate Zip Code:
Name of Children in Care (add pages if ne	eded) Scholarship	Date of Birth	Age / Present (Y/N)
		(05/26/2022)	6 mos. / Y
		(05/26/2022)	6 mos. / Y
		-	
	-1	1	

Safety of the Home		
Directions: Review and determine compliance with each standard. No pages may be used for comments.		corrective actions needed. Additional D – Discussed, n/a – Not Applicable
Health and Safety Training:	Standard Met Y/N Y	Comments/Notes Corrective Action /Timeframe if needed Non-Relative Informal Care – Certificate Submitted
Basic Health and Safety Training Completed?		
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
 Is free of insect or rodent infestation 	Υ	No evidence of infestation
Is well-lit and well-ventilated	Y	Lots of artificial and access to natural lighting
 Has hot and cold running water 	Υ	Tested by provider and observed
Has a working inside toilet Look under sink	Y	Tested by provider and observed in both bathrooms
 Has utilities for cooking, lighting and heating 	Y	
 Has a working and safe heating system 	Y	Tested the digital thermostat and observed
 Has a working refrigerator and stove 	Y	
Has a working telephone	٧	Made call to provider's cellphone and parent's home phone at care location
 Has operational smoke detector(s) 	V	
Has first aid kit/supplies	Y	Band-Aids, Alcohol wipes, baby medicine, gauze medical tape, ointments
 Has protective coverings on any electrical outlet that is accessible to children 	Y	All outlets observed and either occupied or had the inner sheath covering
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	Corrective Action: Provider and parent will add a safety lock
Medications of any kind	Y	Stored on a high shelf in closet
Matches, lighters and flammable products	Υ	Moved by provider and parent to a high level cabinet

Alcoholic beverages	Υ.	Does not own
Guns	Υ	Does not own
Cleaning agents	Y	All cleaning agents moved to high level shelf and family bathroom
Poisonous substances	٧	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	Clean diapering area
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Garbage area in kitchen and disposed of daily
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: Tolleting: Diapering: Before food preparation and eating: After playing outdoors; and At other times when necessary to prevent the spread of disease.	Y	The children have a separate sink for their usage
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 fallure 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 fallure 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	¥	
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.

Separation of 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.

ØFolder or binder for EPP documents ⊠Batteries for Flashlight ⊠Non-perishable food ⊠Backpack(s) or carrying case(s)

⊠Portable First Aid Kit	EDiscore		El Canaidas anasial tour as assess
⊠Portable First Ald Kit	⊠Diapers		⊠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	e and easily accessible in the event	of an emergency (Y	/N)? Y
Location of The Emergency Ready to g	<u>io Pack</u> : In the front room near ex	cit	
1 pair of scissors, 1 thermometer, Fir formula, 2 can of tuna, backpack can and ECMA docs per child Items to review on 02/08/2023 if needed	st aid kit (Band-Aids, Gauze, Ointm rying case, 2 blankets, diapers & wij d: Corrected & Reviewed on 02/08	nent, Alcohol wipes), pes, 2 small children	xtra battery, 1 roll of duct tape, 3 trash bags, baby cereal, 6 baby jars & ready-made 's books, 1 outfit per child, binder with EPP
- Lock added to knife drawer in kitch	hen - corrected		
Emergency Documents			
⊠Informal Provider Emergency		form)	
Planning and Maintenance			
Person responsible for updating the Disas	ster Supply Kit and the Emergence	v Documents regula	arly:
First Name Shifra	Last Name Natiga	,	•
Description of how the Emergency Ready		an evacuation loca	ation: Carried by provider.
Shelter In Place Procedure:			
	will seal up any areas with large tr	ash bags and duct t	tairs to the closet room in the basement (1 tape. Once the babies are secured and all
Evacuation Procedures:			
Primary: The provider will grab the emergand secure They will give them access. Provider and children conce they are secured in the location.	and upon a	rrival she will ring th	with individual seating (side by side) ne door bell and/or call the divill contact the parents via call or text
Alternate:			
The provider will grab the emergency bag secure them in. They will walk over to the they will go into the pantry room (1 door 0 the emergency is over.	other neighbor's home and ring th		
Signatures & Date			
Acknowledgement: By signing below the pa seen discussed. The parties also acknowle sop up visit which will be conducted virtual	edge that, if approved, the home in		
PROVIDER			INSPECTOR
Printed Name: Chancl D	OZIEK Printe	ed Name	
Signatur	Signa	iture:	
Phone	Date:	02/08/2023	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: 7/30/2024 Time In: 3:30pm Time Out: 4:26pm Result: Passed Informal Care Type of Care (check one): □Relative Informal Provider Care Provider Information Provider ID: 559669 First Name: Renee Last Name: Dunn Provider ID #: Email: care Location Inspected City: \$treet Address: County: State: Zip Code Address Verified?: Yes Name of Children in Care (add pages if needed) Scholarship Date of Birth Age 1 Present (Y/N) 6/21/2022 2 year old/ N

ilth and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	AND THE PROPERTY OF THE PROPER
ne is free of health and safety hazards:	Standard Met	Comments/Notes Corrective Action /Timeframe if needed
Is in good repair	Y	
Is free of insect or rodent infestation	Y	
Is well-lit and well-ventilated	Y	
Has hot and cold running water	Y	
Has a working inside toilet	Y	
Has utilities for cooking, lighting and heating	Y	
Has a working and safe heating system	Y	
Has a working refrigerator and stove	Y	
Has a working telephone	Y	
Has operational smoke detector(s)	Y	
Has first aid kit/supplies	Y	
 Has protective coverings on any electrical outlet that is accessible to children 	Y	
mful Items are stored appropriately and away from drent	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Sharp or pointed items	Y	
Medications of any kind	Y	
Matches, lighters and flammable products	Y	
Alcoholic beverages	Y	
Guns	Y	
Cleaning agents	Y	
Poisonous substances	Y	
NERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
areas of the home are kept clean, including diapering area.	Y	egy ear water was the transfer of the transfer

rash, garbage and wet and soiled diapers are disposed of in a	<u> </u>	
şanitary 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	CONTROLLY ACTION AMERICANCE IN RECORD
A child in care is not subjected to any form of neglect, including:	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 Unit.	Y	

Emergency Ready-to-Go Fack 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. ⊠Bottled water ⊠Folder or binder for EPP documents ⊠Batteries ⊠Non-perishable food ⊠Backpack(s) or carrying case(s) ☑Portable First Aid Kit ⊠Diapers ⊠Consider special toys or games ☑ Heavy Duty Scissors, Duct Tape/ ⊠Change of clothes Packing Tape & Sealing Plastic/ Trash Bags □Medications N/A ⊠Blanket(s) tems in the Disaster Supply Kit are clean, organized, and usable (Y/N)?

	Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes					
	Location of Emergency Ready to go Pack: First Floor in the Gym/ Closet					
	Item Specification (if needed):					
	To be observed for compliance on :					
	•					
E	mergency Documents					
	⊠ Informal Provider Emergency Preparedness Plan (this completed form)					
	⊠ Authorization for emergency medical care					
F	lanning and Maintenance					
17000	erson responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:					
	rst Name Renee Last Name Dunn					
_	Pscription of how the Emergency Ready to Co Restrict to the					
S	escription of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: helter In Place Procedures:					
P	ne Provider will gather the child, the emergency bag and head the parent throughout the emergency. Tovider will seal any windows, doors and/or vents. The Provider will update the parent throughout the emergency.					
	vacuation Procedures:					
T	The Provider will gather the child, the emergency bag and head to the car where the child will be secured in a forward facing car seat. Upon arrival to					
Ĭ	the Provider (0 door(s) 2 bay window(s)). Once secured, the Provider will ensure to update the Parent throughout the emergency.					
Т	ne Provider will gather the child, the emergency bag and head to the car where the child will be secured in a forward facing car seat.					
U	odniarnyar to the Provider					
	(1 door(s) 2 bay window(s)). Once secured, the Provider will ensure to update the Parent throughout the emergency.					
c	ARE HOURS:					
_						
	offatures & Date and the language of the control of					
	knowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have					
Dŧ	en discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, upappounced					
μı	p up visit which will be conducted virtually or in-person. PROVIDER INSPECTOR					
Р	inted Name: (7)					
C.	inted Name: RENEÉ DIN I					
	Signature:					
D	nte: 9 / / 24 Phone: Date: 7/30/2024 Phone: 1-877-227-0125					