

## Child Care Scholarship Program

# Informal Child Care Monitoring Inspections

E

First letter of the provider's last name.

Posted June 2025

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



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 3/12/2025	Time In: 1:30pm	Time Out: 3:10pm	Result: Follow Up
Inspection Date: 3/17/2025	Time In: 11:00am	Time Out: 11:13am	Result: Passed

### Informal Care

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

### Provider Information

First Name: Tamarla	Last Name: Easton	Provider ID: 568406
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		2/14/2024	1yr	/	Y

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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Basic Health and Safety Training Completed?	Y	
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Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	

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

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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



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

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

**Location of Emergency Ready to go Pack: Living room**

**Item Specification (if needed):**

•

**To be observed for compliance on 3/17/2025 @ 11:00am :**

- Outlet over the kitchen counter, bathrooms, and bedrooms
- Cleaning supply under the bathroom sink first floor
- Cleaning supply under the kitchen sink
- Sharp items in the kitchen drawer
- Medications
- First Aid for the home
- Alcohol
- Thermometer
- Diapers

### Emergency Documents

- ☒ Informal Provider Emergency Preparedness Plan (this completed form)
- ☒ Authorization for emergency medical care

### Planning and Maintenance

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

First Name Tamaría

Last Name Easton

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

#### Shelter In Place Procedures:

The Provider will gather the ready to go bag and the children, take them to shelter in the [REDACTED] (#1 of doors, #0 of window(s)). The provider will **contact** parent before, during and after sheltering.

#### Evacuation Procedures:

The Provider will gather the children and the ready to go bag, **they will be traveling** [REDACTED] The provider will **travel to** [REDACTED] **gaining** [REDACTED] (#4 of doors, #4 of window(s)). The provider will contact parent before, during and after sheltering

The Provider will gather the children and the ready to go bag, **they will be traveling** [REDACTED] The provider will **travel to** [REDACTED] **access by** [REDACTED] (#0 of doors, #0 of window(s)). The provider will contact parent before, during and after sheltering

#### CARE HOURS:

- Monday-Friday(varies) 5:30am-3:30pm

### Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	Tamaría V. Easton	Printed Name	[REDACTED]
Signature	[REDACTED]	Signature	[REDACTED]
Date:	3/18/2025	Date:	3/17/2025
Phone	[REDACTED]	Phone:	1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>01/30/2024</b> Follow-up Inspection Date: <b>02/05/2024</b>	Time In: <b>1:30PM</b> Time In: <b>3:30PM</b>	Time Out: <b>2:38PM</b> Time Out: <b>3:50PM</b>	Result: <b>Follow-up Required.</b> Follow-up Result: <b>PASSED</b>
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<b>Informal Care</b>	
Type of Care (check one):	<input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care

<b>Provider Information</b>	
First Name: <b>Briyonna</b> Provider ID #: [REDACTED]	Last Name: <b>Ebron</b> Provider ID: <b>538835</b> Email: [REDACTED]

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(10/26/2023)	3mos. / Y
[REDACTED]		(02/18/2015)	8yr. / N

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	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
• 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	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	First aid kit stored on living room shelf
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: All outlets observed must be occupied or 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	Corrective Action Completed: Knives stored in locked kitchen drawer
• Medications of any kind	Y	Corrective Action Completed: Medicines moved to high cabinet in bathroom
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Corrective Action Completed: Lock added for bathroom, kitchen and fridge with cleaning products



<ul style="list-style-type: none"> <li>Poisonous substances</li> </ul>	Y	Corrective Action Completed: Paint supplies locked away
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	Clean diapering area in child's bedroom
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.	Y	Changing table had all changing supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse,</b> including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect,</b> including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment,</b> including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> </ul> </li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</b>	Y	

<b>Emergency Ready-to-Go Pack</b>		
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.		
<b>Disaster Supply Kit</b>		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit <input checked="" type="checkbox"/> Thermometer	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers <input checked="" type="checkbox"/> Change of clothes	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags



☒ Medications (N/A)☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: In the front closet near exit  
Item Specification (if needed):

- 1 duffel bag (carrying case), 1 flashlight, 4 AAA batteries, 1 first aid kit, 1 thermometer, no specific meds, 3 bottled waters, 3 juices bottles, 2 canned foods, 4 pk baby food, 1 blanket, 2 books, 2 toys, 7 diapers w/ 1 pk of wipes, 2 outfits (top/bottom/onesie), 1 pair of scissors, 1 roll of duct tape, 1 roll of large trash bags and folder w/ EPP and ECMA docs per child.
- Items to be reviewed on 02/05/2024: Corrected & Reviewed on 02/05/2024
- Outlets must be occupied or covered (bathroom, bedroom, living room, basement, kitchen)
- Knives stored in locked kitchen drawer
- Must observe location of medicine in locked bedroom
- Locks needed for bathroom, kitchen and fridge with cleaning products
- Paint supplies need to be locked away or moved to higher location
- ERTG Bag: Missing Blanket, Toys/Games, Larger Bag Needed

**Emergency Documents**☒ Informal Provider Emergency Preparedness Plan (this completed form)☒ Authorization for emergency medical care**Planning and Maintenance**

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

First Name

Last Name

Briyanna

Ebron

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

**Shelter In Place Procedure:**

The provider will gather the children and head to the basement room (1 door 0 windows). The ERTG bag will already be in the basement for convenience. If needed the Provider will use the sealing plastic and tape to secure the door. The provider will text or call the parent with emergency updates.

**Evacuation Procedures:****Primary:**

The provider will grab the emergency bag, account for the two children in care and call [REDACTED] to come and pick them up. When the [REDACTED] arrives, the provider will secure the baby in the rear-facing car seat and the older child in his booster seat before driving to the evacuation location. They will drive to [REDACTED], once inside they would [REDACTED] (1 door 1 window). The provider will text or call the parent with emergency updates.

**Alternate:**

If the primary location was not accessible, the provider will grab the emergency bag, account for the two children in care and call the family friend to come and pick them up. When the family friend arrives, the provider will secure the baby in the rear-facing car seat and the older child in his booster seat before driving to the evacuation location. They will drive [REDACTED] once inside they would [REDACTED] (1 door 2 windows). The provider will text or call the parent with emergency updates.

**Care Hours:****Signatures & Date**

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

PROVIDER	INSPECTOR
Printed Name: Briyanna Ebron	Printed Name: [REDACTED]
Signature: [REDACTED]	Signature: [REDACTED]
Date: 02/06/2024 Phone: [REDACTED]	Date: 02/05/2024 Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>12/7/2023</b> Follow-up Inspection Date: <b>12/8/2023</b>	Time In: <b>9:30AM</b> Time In: <b>3:15PM</b>	Time Out: <b>10:56AM</b> Time Out: <b>3:58PM</b>	Result: <b>Follow-up Required.</b> Follow-up Result: <b>PASSED</b>
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**Informal Care**

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

First Name: <b>Tammy</b> Provider ID #: <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Last Name: <b>Edge</b>	Provider ID: <b>246670</b> Email: <span style="background-color: black; color: black;">XXXXXXXXXX@XXXXXX.XX</span>
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**Care Location Inspected**

Street Address: <span style="background-color: black; color: black;">XXXXXXXXXX</span> City: <span style="background-color: black; color: black;">XXXXXXXXXX</span> County: <span style="background-color: black; color: black;">XXXXXXXXXX</span> State: <span style="background-color: black; color: black;">XXXXXX</span> Zip Code: <span style="background-color: black; color: black;">XXXXXX</span> Address Verified? <b>Yes.</b>
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Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
<span style="background-color: black; color: black;">XXXXXXXXXX</span>		<b>(09/29/2021)</b>	<b>2yr.</b>	<b>/</b>	<b>N</b>

  

**Safety of the Home**

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

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

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed the ice melt
• 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	Alcohol and Band-Aids in bathroom
• 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	Knife holder on back of kitchen counter
• Medications of any kind	Y	Stored on top of provider's bedroom dresser
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	All cleaning moved to locked kitchen cabinet and bathroom cabinet
• Poisonous substances	Y	Does not own



GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Change child in provider's bedroom
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Thrown away daily in trash can
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Changing bag has all supplies (diapers, wipes, ointments)
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
A child is not subject to any form of abuse, including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
A child in care is not subjected to any form of neglect, including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
A child in care is not subjected to mistreatment, including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> </ul> </li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul>	Y	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your 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.		
<b>Disaster Supply Kit:</b>		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit  <input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications (N/A)	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers  <input checked="" type="checkbox"/> Change of clothes  <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags



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

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

**Location of The Emergency Ready to go Pack:** Stored in the coat closet by exit

- 1 duffle bag (carrying case), 1 first aid kit, 1 thermometer, 2 flashlights, 1 pk of AAA batteries, 4 toys, no specific medications, 4 bottled waters, 3 canned foods, bag of snack and crackers, 2 outfits (top/bottom/socks/underwear/diapers), 3 blankets, 3 pair of scissors, 3 trash bags, 1 roll of duct tape, 1 bag of toys, folder w/ EPP and ECMA docs, 4 diapers and 1 pk of wipes

Items to be reviewed on 12/8/2023: Corrected & Reviewed on 12/8/2023

- ERTG Missing: Diapers, Wipes, Change of Clothes, Blanket, folder w/ EPP and ECMA docs, and game/toy/book
- Shelter/Evacuation Plan Descriptions

**Emergency Documents**

- ☒ Informal Provider Emergency Preparedness Plan (this completed form)
- ☒ Authorization for emergency medical care

**Planning and Maintenance**

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

First Name  
Tammy

Last Name  
Edge

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

**Shelter In Place Procedure:**

The provider would gather the child, her cell phone, the ERTG bag and head to the basement (1 door 1 window). The provider will use the sealing sheet plastic and tape to seal the door, window and vents if needed. The provider will call or text the parent with emergency updates. In addition to the great-grandmother.

**Evacuation Procedures**

**Primary:** The provider will gather child and the ERTG bag and head to the provider's vehicle. The provider will ensure the child is secured in her forward-facing car seat and [REDACTED]. Upon arrival the provider [REDACTED]. Once inside the child and provider would shelter in [REDACTED] (1 door 2 windows). For emergency the provider will call the parent or 911 if necessary.

**Alternate:** If they could not access the primary location, the provider will gather child and the ERTG bag and head to the provider's vehicle. The provider will ensure the child is secured in her forward-facing car seat and [REDACTED]. Upon arrival the provider [REDACTED]. Once inside the child and provider would shelter in [REDACTED] (1 door 4 windows). For emergency the provider will call the parent or 911 if necessary.

**Care Hours:**

[REDACTED]

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name:	Tammy Edge	Printed Name:	[REDACTED]
Signature:	[REDACTED]	Signature:	[REDACTED]
Date: 12-15-23	Phone: [REDACTED]	Date: 12/8/2023	Phone: 1-877-227-0125



**INFORMAL CHILD CARE INSPECTION REPORT**

INSPECTION DATE/TIME/DURATION: 4/22/2025/1:30pm/155minutes
APPLICANT ID: N/A
PROVIDER ID: 577948
APPLICATION DATE: 3/21/2025
COUNTY: Prince George

INSPECTION TYPE	
<input checked="" type="checkbox"/>	Initial Application
<input type="checkbox"/>	Renewal Application
<input type="checkbox"/>	Complaint Investigation
<input type="checkbox"/>	Monitoring
<input type="checkbox"/>	Other

☐ Follow-Up

AGES	Total Approved	# Scholarship	# Present	Resident Children
0-23 months	1	1	1	
2 year olds				
3 year olds				
4 year olds				
5's (pre-school)				
5-12 (school age)	1	1		
13-19 year olds				
TOTAL	2	2	1	
Overnight				

FATALITY: N/A	SERIOUS INJURY: N/A	COMPLAINT #: N/A	
INFORMAL PROVIDER PHOTO ID VERIFIED: <input checked="" type="radio"/> Yes <input type="radio"/> No		ID TYPE: Driver License	EXP. DATE: 10/5/2025
CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home			
CARE TYPE: <input type="radio"/> Relative Informal Child Care <input checked="" type="radio"/> Non-Relative Informal Child Care			
INFORMAL PROVIDER NAME: Marie Ediage			
PERSON(S) INTERVIEWED: Marie Ediage			



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

- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
  2. Select the Standard that requires documentation and enter the compliance status.
  3. Enter finding notes as appropriate.

**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

## Part 1 – Safety of Home

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



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  3. Enter finding notes as appropriate.

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## Part 2 – General Cleanliness

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



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- Instructions:
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### **Part 3 – Child Abuse, Neglect and Mistreatment Standards**

#### **10. A child is not subjected to any form of abuse**

- a) Child abuse/neglect: Physical injury
- b) Child abuse/neglect: Sexual abuse
- c) Child abuse/neglect: Mental injury

#### **11. A child in care is not subjected to any form of neglect**

- a) Child supervision
- b) Child mental harm neglect
- c) Recognition and reporting of child abuse and neglect

#### **12. A child in care is not subjected to mistreatment**

- a) Spanking, Biting, Hitting, Shaking
- b) Physical discipline or any other means of discipline
- c) Not attending to a child's physical needs
- d) Shouting, Cursing, Shaming, Ridiculing
- e) Washing a child's mouth with soap
- f) Putting pepper or other spicy or distasteful items in a child's mouth
- g) Requiring a child to stand on one foot as punishment
- h) Tying child to a cot or other equipment

#### **13. Immediate child abuse reporting**



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### Part 4 – Vehicular Traffic and Transportation Safety

**14. Vehicle safety awareness**

**15. Individual child vehicle safety**

**16. Child seat safety compliance**

### Part 5 – Outdoor Activity Area

**17. Safe outdoor play area**

**18. Enclosed safe play area**

**19. Traffic and congested areas assessment**

#### **20. Pool Safety**

a) 4 ft. fence that surrounds the pool

b) Self-closing and self-latching mechanism on the entry/exit way

c) Secured Lock

d) Sensor or alarm on the access door



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## Part 6 – Emergency Ready-to-Go Pack

### 21. Disaster Supply Kit

- a) Flashlight
- b) Batteries
- c) Portable First Aid Kit
- d) Thermometer
- e) Medications
- f) Bottled water
- g) Non-perishable food
- h) Diapers
- i) Change of clothes
- j) Blanket(s)

- k) Folder or binder for EPP documents
- l) Backpack(s) or carrying case(s)
- m) Special toys or games
- n) Scissors, tape & sealing plastic

### 22. Emergency Documents

- a) Informal Provider Emergency Preparedness Plan
- b) Emergency Care & Authorization Form (one for each child in care)
- c) Reportable Incident Report Form (blank copy)

### 23. Planning and Maintenance

- a) Person responsible
- b) Description of how the Emergency Ready-to- Go Pack will be transported to an evacuation location



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- Instructions:
1. Review each Standard that applies to the Inspection being conducted.
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  3. Enter finding notes as appropriate.

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## Part 7 – Health & Safety Review

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



MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care – Child Care Scholarship Program



Signature of Informal Child Care Provider

4/22/25

Date

Sign and upload form to

PROVIDER PORTAL

Liliana Martinez

4/22/2025

Signature of Agency Representative

Liliana Martinez

Date

Time Out:

4/22/2025

Date

4:05pm

Time

Date	Start Time	End Time	Duration	Follow-Up
4/22/2025	1:30pm	4:05pm	155	

Total Duration:

155

Minutes



**SUMMARY OF CORRECTION**

PROVIDER ID: <b>577948</b>	APPLICANT ID: <b>N/A</b>	ZIP CODE: <b>20706</b>	COUNTY: <b>Prince George</b>
INFORMAL PROVIDER NAME: <b>Marie Ediage</b>		CARE LOCATION: <input checked="" type="radio"/> Child's Home <input type="radio"/> Informal Child Care Provider's Home	
PERSON(S) INTERVIEWED: <b>Marie Ediage</b>			
VISIT TYPE: <b>Initial Application</b>		INSPECTION TIME/DATE/DURATION: <b>4/22/2025/1:30pm/155minutes</b>	

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

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

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

Liliana Martinez

04/25

☐ Complete☐ Includes overflow page

Signature of Agency Representative

Date

ICCP Form SOC108c



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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<b>Inspection Date:</b> 3/9/2022 <b>Follow up</b> 3/10/2022	<b>Time In:</b> 1:45PM <b>Time In</b> 4:30PM	<b>Time Out:</b> 2:52PM <b>Time Out:</b> 4:59PM	<b>Result:</b> Follow up scheduled Passed if returned by 5:00PM on 3/14/2022
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### Informal Care

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

### Provider Information

First Name: <b>Jacqueline</b>	Last Name: <b>Edwards</b>	Provider ID: <b>482972</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		5/18/2021	9 mos / Yes

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of rodents or insects
• Is well-lit and well-ventilated	Y	Well lit.
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	Gas stove turned on
• Has a working and safe heating system	Y	Turned up from 70 to 72
• Has a working refrigerator and stove	Y	Light observed for refrigerator and freezer.
• Has a working telephone	Y	Call made
• Has operational smoke detector(s)	Y	Test button pressed. The alarm sounded.
• Has first aid kit/supplies	Y	Ointment, gauze, tape, gloves band aids, tongue depressors, gauze, ice pack, Alcohol wipes,
• Has protective coverings on any electrical outlet that is accessible to children	Y	Outlets covered or behind furniture.
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	On top of the refrigerator
• Medications of any kind	Y	On top of chest of drawer unreachable to child
• Matches, lighters and flammable products	Y	None in the house
• Alcoholic beverages	Y	None in the house
• Guns	Y	None in the house
• Cleaning agents	Y	Under locked kitchen and bathroom sinks



<ul style="list-style-type: none"> <li>Poisonous substances</li> </ul>	Y	Other than medications and cleaning solutions
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</b>	Y	

<b>Emergency Ready-to-Go Pack</b>		
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) <u>and</u> Emergency Documents.		
<b>Disaster Supply Kit</b>		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries for Flashlight <input checked="" type="checkbox"/> Portable First Aid Kit	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games



☒ Thermometer

☒ Change of clothes

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

☐ Medications N/A

☒ Blanket(s)

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

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

**Location of The Emergency Ready to go Pack:** Close to the front door.

**Item Specification (if needed):**

4 AAA,

First aid – band aids, ointment, alcohol wipes gauze, tape, tweezers, burn cream, gloves

10 diapers and package of wipes

2 tops undershirt, bibs socks under shirt blanket pants shirts

2 16oz water bottles, chef Boyardee spaghetti, apple sauce, 2 cans of tuna,

**Items to review on 03/10/2022 if needed:**

**Outlet cover**

Locks for kitchen and bathroom sink to lock cleaning. Observed

Electrical outlet covers. Observed

**Emergency Documents**

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

**Planning and Maintenance**

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

First Name [REDACTED]

Last Name [REDACTED]

Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: Carried or placed in the baby stroller.

**Shelter In Place Procedure:**

The provider will get the baby and emergency to go bag and go the front room of the house after making sure door is shut and locked. Seal windows if the need arose. Front room has two windows and one door. Provider will then Call parent to let know.

**Evacuation Procedures:**

The provider will call and let parent know that they are evacuating from the house. The provider will secure the baby in her stroller and exit the house and [REDACTED]

**Alternate Location:**

The provider will call and let parent know that they are evacuating from the house. The provider call Lyft to give them a ride then she will get the baby and emergency to go bag and her car seat and exit the house. The provider secure the baby in her car seat once the Lyft driver arrives before being driven to [REDACTED] where they will shelter.

**Signatures & Date**

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

**PROVIDER**

**INSPECTOR**

Printed Name:

Jacqueline Edwards

Printed Name:

Signature:

Signature:

Date:

3/11/22

Date: 3/11/2022

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 2/18/2025	Time In: 3:30pm	Time Out: 4:13pm	Result: Passed
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### Informal Care

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

#### Provider Information

First Name: Teri	Last Name: Edwards	Provider ID: 571681
Provider ID #: [REDACTED]		Email: [REDACTED]

#### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		9/8/2024	5 months/ Y

### Safety of the Home

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

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

  

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	

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

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	



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

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

#### Emergency Documents

- ☒ Informal Provider Emergency Preparedness Plan (this completed form)  
☒ Authorization for emergency medical care

#### Planning and Maintenance

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

First Name

Last Name

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

#### Shelter In Place Procedures:

The Provider will gather the ready to go bag and the child, [REDACTED] 1 doors, 0 window(s). The provider will call/text parent before, during and after sheltering.

#### Evacuation Procedures:

The Provider will gather the child and the ready to go bag, securing the child in his forwards facing car seat. The provider will [REDACTED] 1 doors, 1 window(s). The provider will call/text parent before, during and after sheltering.

The Provider will gather the child and the ready to go bag, securing the child in his forwards facing car seat. The provider will [REDACTED] 1 doors, 0 window(s). The provider will call/text parent before, during and after sheltering.

#### CARE HOURS:

#### Signatures & Date

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

#### PROVIDER

#### INSPECTOR

Printed Name: Teri Edwards

Printed Name: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Date: 2/19/2025

Phone: [REDACTED]

Date: 02/18/2025

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov ov
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Inspection Date: <b>10/11/2022</b>	Time In: <b>3:30PM</b>	Time Out: <b>4:30PM</b>	Result: Failed
Follow Up Date: <b>10/18/2022</b>	Time In: <b>9:00AM</b>	Time Out: <b>9:10AM</b>	Needs follow up
			Result: <b>PASSED</b>

**Informal Care**

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

**Provider Information**

First Name: <b>Nu'Shea</b>	Last Name: <b>Eggleston</b>	Provider ID: <b>491227</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		<b>12/25/2013</b>	<b>8 / No, at school</b>
[REDACTED]		<b>06/08/2017</b>	<b>5 / No, at school</b>

**Safety of the Home**

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	<b>Y</b>	<b>Certificate Submitted</b>
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Flush observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat dialed up
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider Cell called
• Has operational smoke detector(s)	Y	Alarm sounded
• Has first aid kit/supplies	Y	Band aids, peroxide, Gauze
• Has protective coverings on any electrical outlet that is accessible to children	Y	
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	Moved to Higher cabinet
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	
• Poisonous substances	Y	Other than medications and cleaning supplies



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

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



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

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

**Location of The Emergency Ready to go Pack:** In the dining room

**Item Specification (if needed):**

2 shirts, 2 pants, 2 underwear, game of uno  
2 extra DD batteries, Band aids, ointment, gauze, tape, Neosporin,  
4 16oz water bottles, 2 cans of chef Boyardee abc pasta, can of Mangoes,

**Items to review on 10/18/2022 if needed: Observed 10/18/22**

1. Primary evacuation location transportation method must be updated to match the description given on the emergency preparedness plan. Statement will be updated during the follow up inspection.
2. ECMA for [REDACTED] stamped and in the emergency binder

**Emergency Documents**

- ☒ Informal Provider Emergency Preparedness Plan (this completed form)
- ☒ Authorization for emergency medical care

**Planning and Maintenance**

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

First Name [REDACTED]

Last Name [REDACTED]

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

**Shelter In Place Procedure:**

The provider will grab the children, the ERTB and head to the basement which has two door and one window. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure.

**Evacuation Procedures:**

The provider will call [REDACTED], grab the children, the ERTG bag, booster seat [REDACTED] and proceed outside vehicle where she will secure both children before proceeding onto the [REDACTED]. Provider will call ahead to let [REDACTED] know they are on the way. Once at the location, head to the living room that has one window and one door. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents on the way to location and again after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is [REDACTED]. The provider will [REDACTED], grab the children, the ERTG bag, car seat and booster seat and secure the children in the [REDACTED] heading to the alternate evacuation location. The provider will gain entry with spare key. They will shelter in the Living room that has two windows and one door. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents [REDACTED] and again after they are secure in the alternate evacuation location.

**Signatures & Date**

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

**PROVIDER**

**INSPECTOR**

Printed Name:

N. Shea Eagleston

Printed Name: [REDACTED]

Signature: [REDACTED]

Signature: [REDACTED]

Date: 10/19/22

Phone: [REDACTED]

Date: 10/18/2022

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>09/22/2023</b>	Time In: <b>1:30PM</b>	Time Out: <b>2:15PM</b>	Result: <b>PASSED</b>
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### Informal Care

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

First Name: <b>Elisheva</b>	Last Name: <b>Eidensohn</b>	Provider ID: <b>527561</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	Present (Y/N)
[REDACTED]		(11/24/2022)	8mos. / Y	

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Non-Relative Informal Care – Certificate Submitted
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed steam in the bathroom
• 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	Alcohol, wipes, gauze pads, ointment in bathroom cabinets
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets were covered or occupied
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	Stored on top shelf of kitchen cabinet in basket
• Medications of any kind	Y	Stored in parent's bedroom in bathroom cabinet and top of dresser (high level)
• Matches, lighters and flammable products	Y	Stored in high cabinet in kitchen
• Alcoholic beverages	Y	1 alcoholic beverage on high shelf in kitchen cabinet
• Guns	Y	Does not own
• Cleaning agents	Y	Stored in locked bathroom cabinet



• Poisonous substances	Y	Does not own
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	Changing station in child's bedroom
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily using small trash bags
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Changing station had all needed supplies
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <li>Not attending to a child's physical needs</li> <li>Shouting, Cursing, Shaming, Ridiculing</li> <li>Washing a child's mouth with soap</li> <li>Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>Requiring a child to stand on one foot as punishment</li> <li>Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



☒ Medications (N/A)☒ Blanket(s)

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

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

Location of The Emergency Ready to go Pack: Stored in the front closet by exitItem Specification (if needed):

- 1 tote bag (carrying case), 1 flashlight, 1 pk of AA batteries, 1 first aid kit, 1 thermometer, no specific medications, 2 bottled waters, sippy cup, 5 items of dried foods, 1 pk of wipes and 3 diapers, 1 outfit (onesie/socks), 1 blanket, 1 toy, 1 box od sealing plastic, 1 pair of scissors, 1 roll of duct tape, and folder w/ EPP and ECMA docs
- Items to be reviewed on xx/xx/xxxx: N/A

**Emergency Documents**☒ Informal Provider Emergency Preparedness Plan (this completed form)☒ Authorization for emergency medical care**Planning and Maintenance**

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

First Name

Breindel

Last Name

Plonka

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

**Shelter In Place Procedure:**

The provider will gather the child and the ERTG bag and go into the child's bedroom (1 door 1 window). The provider will use the sealing plastic and tape to seal the door and window if the need arises. The provider will call or text the parents once secured with emergency updates.

**Evacuation Procedures**

**Primary:** The provider will account for the child , grab the ERTG and head to the provider's vehicle. The provider will ensure the child is secured in his rear-facing car seat and drive to [REDACTED] Upon arrival the provider and the child will shelter in [REDACTED] (2 doors 9 windows). The provider will call the parents once secured with emergency updates.

**Alternate:** If they could not access the primary location, the provider will account for the child , grab the ERTG and head to the provider's vehicle. The provider will ensure the child is secured in his rear-facing car seat and drive to [REDACTED] Upon arrival the provider will use the [REDACTED] She and the child will shelter in [REDACTED] (3 doors 27 windows). The provider will call the parents once secured with emergency updates.

**Care Hours:**

[REDACTED]

**Signatures & Date**

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

**PROVIDER**

Printed Name:

Elishava Eidensohn

Signature:

[REDACTED]

Date: 10/15/2023

Phone:

[REDACTED]

**INSPECTOR**

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 09/22/2023

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 3/22/2024	Time In: 10:30am	Time Out: 11:31am	Result: Passed
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<b>Informal Care</b>			
Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care			
<b>Provider Information</b>			
First Name: Starr	Last Name: Elam	Provider ID: 542975	
Provider ID #: [REDACTED]		Email: [REDACTED]	
<b>Care Location Inspected</b>			
Street Address: [REDACTED]	City: [REDACTED]	County: [REDACTED]	State: [REDACTED] Zip Code: [REDACTED]
Address Verified?: Yes			
<b>Name of Children in Care</b> (add pages if needed)	<b>Scholarship</b>	<b>Date of Birth</b>	<b>Age / Present (Y/N)</b>
[REDACTED]		6/13/2023	8 mos. / Y

<b>Safety of the Home</b>		
Directions: Review and determine compliance with each standard. Note any comments or corrective actions needed. Additional pages may be used for comments. <b>Y – Yes, N – No, D – Discussed, n/a – Not Applicable</b>		
<b>Health and Safety Training:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
Basic Health and Safety Training Completed?	Y	
<b>Home is free of health and safety hazards:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	4 Outlets
<b>Harmful items are stored appropriately and away from children:</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
• Sharp or pointed items	Y	
• Medications of any kind	Y	Kept in a room on a high shelf
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	
• Cleaning agents	Y	Moved to a high location
• Poisonous substances	Y	
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	



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

Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) <u>and</u> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight <input checked="" type="checkbox"/> Batteries <input checked="" type="checkbox"/> Portable First Aid Kit  <input checked="" type="checkbox"/> Thermometer  <input type="checkbox"/> Medications N/A	<input checked="" type="checkbox"/> Bottled water <input checked="" type="checkbox"/> Non-perishable food <input checked="" type="checkbox"/> Diapers  <input checked="" type="checkbox"/> Change of clothes  <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Folder or binder for EPP documents <input checked="" type="checkbox"/> Backpack(s) or carrying case(s) <input checked="" type="checkbox"/> Consider special toys or games <input checked="" type="checkbox"/> Heavy Duty Scissors, Duct Tape/ Packing Tape & Sealing Plastic/ Trash Bags
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: By the steps near the front door

Item Specification (if needed):

- Black Backpack
- Window sealing kit, large scissors & packing tape
- 6 bottles of water
- Pack of AA batteries
- Baby food(fruit and vegetables) and granola bars
- 10 diapers

To be observed for compliance on :

•

**Emergency Documents**

- ☒ Informal Provider Emergency Preparedness Plan (this completed form)
- ☒ Authorization for emergency medical care

**Planning and Maintenance**

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

First Name Starr

Last Name Elam

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

Shelter In Place Procedures:

The Provider will grab the child and the emergency bag. She will carry them down to a [REDACTED] (0 windows 1 doors) and seal the door. The Provider will call the Parents to inform them that they are secured.

Evacuation Procedures:

The Provider will grab the child and the emergency bag. She will carry them down to a basement where they will leave out of the home and secure the child in his rear facing car seat. They will head to the [REDACTED] where the Provider will [REDACTED]. The Provider will be [REDACTED] (4 windows 1 door). The Provider will call/ video call the parent to update her before leaving the care location and after arrival.

The Provider will grab the child and the emergency bag. She will carry them down to a basement where they will leave out of the home and secure the child in his rear facing car seat. They will head to the [REDACTED] where the Provider will [REDACTED] to get [REDACTED]. The Provider will be [REDACTED] (1 large window 1 door). The Provider will call/ video call the parent to update her before leaving the care location and after arrival.

**CARE HOURS**

[REDACTED]

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name: Starr R Elam		Printed Name: [REDACTED]	
Sig: [REDACTED]		Signature: [REDACTED]	
Date: 3/22/24	Phone: [REDACTED]	Date: 3/22/2024	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>08/11/2023</b>	Time In: <b>9:00AM</b>	Time Out: <b>10:30AM</b>	Result: <b>PASSED</b>
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### Informal Care

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

### Provider Information

First Name: <b>Sheila</b>	Last Name: <b>Ellis</b>	Provider ID: <b>518609</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		(03/15/2015)	8yr. / Y
[REDACTED]		(03/09/2018)	5yr. / Y
[REDACTED]		(02/03/2009)	14yr. / Y

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and observed the ice melt in the clear glass
• 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	Medical supplies stored on shelf in hallway closet
• 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	Stored in knife holder on back of counter
• Medications of any kind	Y	Stored in high cabinet of bathroom and kitchen
• Matches, lighters and flammable products	Y	Moved to high kitchen cabinet
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own



• Cleaning agents	Y	All cleaning products moved to higher shelf in hallway closet
• Poisonous substances	Y	
<b>GENERAL CLEANLINESS STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
All areas of the home are kept clean, including diapering area.	Y	No diaper age children
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via kitchen trash can
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
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>• Toileting;</li> <li>• Diapering;</li> <li>• Before food preparation and eating;</li> <li>• After playing outdoors; and</li> <li>• At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<b>CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS</b>	<b>Standard Met Y/N</b>	<b>Comments/Notes Corrective Action /Timeframe if needed</b>
<b>A child is not subject to any form of abuse, including:</b> <ul style="list-style-type: none"> <li>• Physical injury</li> <li>• Any sexual abuse</li> <li>• Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect, including:</b> <ul style="list-style-type: none"> <li>• The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>• Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment, including:</b> <ul style="list-style-type: none"> <li>• Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>• Spanking, Biting, Hitting, Shaking</li> <li>• Any other means of physical discipline</li> <li>• Not attending to a child's physical needs</li> <li>• Shouting, Cursing, Shaming, Ridiculing</li> <li>• Washing a child's mouth with soap</li> <li>• Putting pepper or other spicy or distasteful items in a child's mouth</li> <li>• Requiring a child to stand on one foot as punishment</li> <li>• Tying child to a cot or other equipment</li> </ul> </li> </ul>	Y	
<b>The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your local Department of Social Services Child Protective Services Unit.</b>	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Flashlight               | <input checked="" type="checkbox"/> Bottled water       | <input checked="" type="checkbox"/> Folder or binder for EPP documents |
| <input checked="" type="checkbox"/> Batteries for Flashlight | <input checked="" type="checkbox"/> Non-perishable food | <input checked="" type="checkbox"/> Backpack(s) or carrying case(s)    |
| <input checked="" type="checkbox"/> Portable First Aid Kit   | <input checked="" type="checkbox"/> Diapers (N/A)       | <input checked="" type="checkbox"/> Consider special toys or games     |



<input checked="" type="checkbox"/> Thermometer  <input checked="" type="checkbox"/> Medications (N/A)	<input checked="" type="checkbox"/> Change of clothes  <input checked="" type="checkbox"/> Blanket(s)	<input checked="" type="checkbox"/> Heavy Duty Scissors, duct tape/ packing tape & sealing plastic/trash bags		
Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? <b>Y</b>				
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? <b>Y</b>				
<b>Location of The Emergency Ready to go Pack:</b> Stored in the living room closet <b>Item Specification (if needed):</b> - 1 roll sealing plastic, 1 pk of AA batteries, 1 flashlight, 2 first aid kits, 1 thermometer, no spec medications, 5 bottled waters, 1 pk of fruit snacks, 3 canned foods, 3 outfits (top/bottom/underwear), 3 blankets, 4 puzzle games, 1 pair of scissors, 1 roll of duct tape, and folder w/ EPP and ECMA docs for each child - Items to be reviewed on xx/xx/xxxx: N/A				
<b>Emergency Documents</b>				
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care				
<b>Planning and Maintenance</b>				
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">First Name <b>Sheila</b></td> <td style="width: 50%; border-bottom: 1px solid black;">Last Name <b>Ellis</b></td> </tr> </table>			First Name <b>Sheila</b>	Last Name <b>Ellis</b>
First Name <b>Sheila</b>	Last Name <b>Ellis</b>			
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>carried by the provider.</b> <b>Shelter In Place Procedure:</b> The provider will gather the children and the ERTG will already be in the living room (2 door 1 window). The provider will use the sealing plastic and tape to secure the doors and windows and vents if the need should arise. The provider will call or email the parents with emergency updates.				
<b>Evacuation Procedures</b> <b>Primary:</b> The provider will account for the children and grab the ERTG. The provider will ensure the 2 youngest children in their booster seats and the oldest child in his car seat belt within her vehicle and drive to [REDACTED]. On the way the provider will call [REDACTED] point of contact and once they arrive he will give instruction of where to shelter. She will call or email the parent with emergency updates once they are settled.				
<b>Alternate:</b> If they could not access the primary location, the provider will account for the children and grab the ERTG. The provider will ensure the 2 youngest children are in their booster seats and the oldest child in his car seat belt within her vehicle and drive to [REDACTED]. On the way the provider [REDACTED] upon entry the provider and children will go into [REDACTED] (1 door 2 windows). She will call or email the parent with emergency updates once they are settled.				
<b>Care Hours:</b> [REDACTED]				

<b>Signatures &amp; Date</b>			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: <b>Sheila Ellis</b>		Printed Name: [REDACTED]	
[REDACTED]		Signature: [REDACTED]	
Date: <b>8-17-23</b>	Phone: [REDACTED]	Date: <b>08/11/2023</b>	Phone: <b>1-877-227-0125</b>



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 2/24/2025	Time In: 1:30 pm	Time Out: 2:31 pm	Result: Passed
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### Informal Care

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

### Provider Information

First Name: Shannon	Last Name: Emala	Provider ID: 573538
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		1/11/2023	2 years old/ N
[REDACTED]		6/30/2015	9 years old/ Y

### Safety of the Home

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

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



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

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



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	
<u>Location of Emergency Ready to go Pack: Coat Closet</u>	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name [REDACTED]	Last Name [REDACTED]
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location:	
<b><u>Shelter In Place Procedures:</u></b>	
The Provider will gather the ready to go bag and the children [REDACTED] <u>1 doors, 1 window(s)</u> . The provider will <u>call/text</u> parent before, during and after sheltering.	
<b><u>Evacuation Procedures:</u></b>	
The Provider will gather the children and the ready to go bag, <u>securing the youngest child in a forward facing car seat and the oldest in a seatbelt</u> . The provider will [REDACTED] <u>1 doors, 0 window(s)</u> . The provider will <u>call/text</u> parent before, during and after sheltering.	
The Provider will gather the children and the ready to go bag, <u>securing the youngest child in a forward facing car seat and the oldest in a seatbelt</u> . The provider will [REDACTED] <u>1 doors, 0 window(s)</u> . The provider will <u>call/text</u> parent before, during and after sheltering.	
<b><u>CARE HOURS:</u></b>	
[REDACTED]	

<b>Signatures &amp; Date</b>			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name: <u>Shannon McEmla</u>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <u>2/24/25</u>	Phone: [REDACTED]	Date: 2/24/2025	Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 6/04/2024	Time In: 1:30pm	Time Out: 2:23pm	Result: Passed
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### Informal Care

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

### Provider Information

First Name: Katrina	Last Name: Everett	Provider ID: 553396
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
[REDACTED]		10/19/2023	7 months / Y

### Safety of the Home

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

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

  

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	

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

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	



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

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

Item Specification (if needed):

To be observed for compliance on :

#### Emergency Documents

- ☒ Informal Provider Emergency Preparedness Plan (this completed form)
- ☒ Authorization for emergency medical care

#### Planning and Maintenance

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

First Name Katrina

Last Name Everett

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

#### Shelter In Place Procedures:

The Provider will grab the child and the ERTG bag and contact the parent to inform them of the emergency. **She** will shelter in the [REDACTED] with the children (1 door(s) 2 window(s)) which the Provider will seal with the tape . The provider will contact the parent **they** are secured.

#### Evacuation Procedures:

The Provider will grab the baby, the bag and proceed to contact the parent [REDACTED]. The Provider would leave out the front door and [REDACTED]. The Provider [REDACTED]. The Provider would shelter in [REDACTED] (1 door 3 windows). The Provider would contact the parent to update her once they are secured in the evacuation location.

The Provider will grab the baby, the bag and proceed to contact the parent and an Employee at the location to inform them that she and the child will be sheltering there. The Provider would leave out the front door and either carry the emergency bag and the child or use a stroller to transport the child to [REDACTED]. The Provider will shelter in the [REDACTED] (2 doors Many Windows). The Provider would contact the parent to update her once they are secured in the evacuation location.

#### CARE HOURS:

#### Signatures & Date

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

PROVIDER		INSPECTOR	
Printed Name:	Katrina Everett	Printed Name:	[REDACTED]
Signature	[REDACTED]	Signature:	[REDACTED]
Date: 6/4/24	Phone: [REDACTED]	Date: 6/04/2024	Phone: 1-877-227-0125