

## Child Care Scholarship Program

# Informal Child Care Monitoring Inspections

K

First letter of the provider's last name.

Posted January 2024

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

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<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: <a href="mailto:ccs.informalproviders@maryland.gov">ccs.informalproviders@maryland.gov</a> ov
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Inspection Date: 01/27/2022	Time In: 3:30 PM	Time Out: 4:12 PM	Result: PASSED if returned to <a href="mailto:ccs.informalproviders@maryland.gov">ccs.informalproviders@maryland.gov</a> by 5pm on 02/01/2022
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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: Donye	Last Name: Keesee	Provider ID: 947923
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]		02/07/2021	11 mos.	/	
[REDACTED]		04/15/2018	3 yrs.	/	
				/	
				/	
				/	
				/	

  

**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	All areas were clean
• Is free of insect or rodent infestation	Y	No noticeable issues
• Is well-lit and well-ventilated	Y	Windows and all lights working properly
• Has hot and cold running water	Y	Tested shower and saw the steam
• 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	All adults have cellphones
• Has operational smoke detector(s)	Y	Tested it for proper use
• Has first aid kit/supplies	Y	Kept under bathroom sink
• 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	In kitchen draw with lock
• Medications of any kind	Y	Stored in high cabinet in the bathroom
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	Y	

<ul style="list-style-type: none"> <li>Cleaning agents</li> </ul>	Y	Stored away in kitchen sink with a lock
<ul style="list-style-type: none"> <li>Poisonous substances</li> </ul>	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> </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	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a> .	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Flashlight               | <input checked="" type="checkbox"/> Bottled water (3)         | <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 (Diapers & Wipes) | <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 – Stored in the closet of the kids' room

**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

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

Shelter in-Place: The parent would be notified via text, they would go to the kids' room for safety, close the large panel window, close the door, seal the window. After the shelter-in place is over she would communicate with the parent and give them after-care instructions.

Evacuation: Contact the parent about the emergency will go to the providers home, will carry the to-go bag, the younger child and hold the hand of the 3yr to the car (put infant in car seat and 3yr in booster), drive to her home and will go to the furthest room and will close and lock the windows and doors and stay until it is safe to leave.

Evacuation: Contact the parent via text, transport via providers vehicle (booster/car seat), with the to-go bag, go to the laurel branch library, upon arrival go to a meeting room that has no outside access and would stay there until further notice.

**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: Donye Keesee

Printed Name:

Signature:

Signature:

Date: 01-28-2022

Phone:

Date: 01/27/2022

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: <a href="mailto:ccs.informalproviders@maryland.gov">ccs.informalproviders@maryland.gov</a> ov
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Inspection Date: <b>03/03/2022</b> Follow-up Inspection Date: <b>03/04/2022</b>	Time In: <b>3:30 PM</b> Time In: <b>11:00 AM</b>	Time Out: <b>4:56 PM</b> Time Out: <b>11:10 AM</b>	Result: <b>DID NOT PASS</b> Follow up Result: <b>PASSED</b> if returned to: <a href="mailto:ccs.informalproviders@maryland.gov">ccs.informalproviders@maryland.gov</a> by 5pm on 03/04/2022.
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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>Deana</b>	Last Name: <b>Kalla</b>	Provider ID: <b>391059</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

**Care Location Inspected**

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

Address Verified? **Yes.**

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(07/16/2015)	6yr	/	N
				/	
				/	
				/	
				/	
				/	

**Safety of the Home**

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	N/A	Relative Informal Provider
<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	Home was clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	A lot of natural window lighting and inside light
• Has hot and cold running water	Y	Tested the shower
• Has a working inside toilet	Y	Toilet was flushed
• Has utilities for cooking, lighting, and heating	Y	
• Has a working and safe heating system	Y	Tested the thermostat
• Has a working refrigerator and stove	Y	Refrigerator/freezer clean and stove functioning properly
• Has a working telephone	Y	Working cellphone
• Has operational smoke detector(s)	Y	Tested by provider
• Has first aid kit/supplies	Y	
• Has protective coverings on any electrical outlet that is accessible to children	Y	Outlets covered/occupied in communal areas
<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	Stored in high cabinet in the bathroom
• Matches, lighters and flammable products	Y	Does not own



• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Stored on high level shelf in hallway closet
• Poisonous substances	Y	Does not own

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	No diaper age children
Trash, garbage, and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper age children
Child is changed immediately when s/he has a soiled or wet diaper, clothing, or bedding.	Y	Absolutely yes.
Diapering procedures are followed.	N/A	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	Both bathroom and kitchen soap stations fully stocked

CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
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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) and Emergency Documents.

#### Disaster Supply Kit

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

☒ Flashlight

☒ Bottled water

☒ Folder or binder for EPP documents



☒ Batteries for Flashlight

☒ Non-perishable food

☒ Backpack(s) or carrying case(s)

☒ Portable First Aid Kit

☒ Diapers (N/A)

☒ Consider special toys or games  
(Coloring book)

☒ Thermometer

☒ Change of clothes

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

☒ Medications

☒ Blanket(s)

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

Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Yes, stored in front closet by the exit.

### 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:

#### Item Specification (if-needed):

1 Flashlight

One pk of AA batteries

2 Bottled Waters

3 Cans of Food

1 Carrying travel to-go bag

1 First Aid Kit

1 Thermometer

Diapers (N/A)

1 Blanket

1 Sweatsuit Outfit

1 Scissor, 1 Duct Tape & 8 Trash Bags

1 Coloring Book

**Shelter-in Place:** Grab the child and the to-go bag and proceed to go to the shelter (basement room) (1 window one door), will contact the parent via cellphone – Call/Text/Email and inform her of the emergency.

**Evacuation Loc. (Primary):** Get the child and the to-go bag and then contact the parent and transport him via car and provider will ensure his seat belt is buckled properly. The provider has a spare key to the parents' home and will go into her basement area (1 window and one door). Remain there until the emergency is over.

**Evacuation Loc. (Alternate):** The provider will gather the child and the to-go bag and make sure they are secure in the vehicle, will drive to the fire station, upon arrival will contact the parent via call or text. Will be directed by [REDACTED] to go within [REDACTED] Will stay until the emergency.

Item to be Reviewed on: 03/04/2022 – Correction Reviewed on 03/04/2022

- Provider must show all (5pages) of the EPP document (must include missing Evacuation Loc. (Secondary) section)
- Provider must state the Evacuation Loc. (Secondary) plan of action.

### 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: <i>Deana Kalla</i>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <i>3/7/2022</i>	Phone: [REDACTED]	Date: 03/04/2022	Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 6/15/2022 7/11/2022	Time In: 3:30 pm 1:45 pm	Time Out: 4:33 pm 2:00 pm	Result: Failed 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: Martha Provider ID # [REDACTED]	Last Name: Kendrick	Provider ID: 483451 Email: [REDACTED]
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**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]		05/05/2011	11 y/o	/	Y
[REDACTED]		05/04/2012	10 y/o	/	Y
[REDACTED]		07/02/2013	8 y/o	/	Y
[REDACTED]		05/01/2015	7 y/o	/	Y
[REDACTED]		11/04/2016	6 y/o	/	Y
[REDACTED]		02/16/2018	4 y/o	/	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	Battery added to smoke detector
• Has first aid kit/supplies	Y	Bandages, Gauze, Neosporin, Tape, Benadryl, skin cover bandages
• Has protective coverings on any electrical outlet that is accessible to children	Y	6 outlets are 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	
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	



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

Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) <b>and</b> Emergency Documents.		
Disaster Supply Kit		
Directions: Review and determine that each item is adequately included in the Disaster Supply Kit. Be certain that the Disaster Supply Kit contains enough supplies for each child in care. Also that the items are clean, organized, and usable. Comment and note below if needed.		
<input checked="" type="checkbox"/> Flashlight	<input checked="" type="checkbox"/> 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)



☒ Portable First Aid Kit

☒ Diapers

☒ Consider special toys or games

☒ Thermometer

☒ Change of clothes

☒ Heavy Duty Scissors, Duct Tape/  
Packing Tape & Sealing Plastic/ Trash  
Bags

☒ Medications

☒ Blanket(s)

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

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

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

**Item Specification (if needed):**

- Alcohol Pads, Bandages, gauze, gauze tape, Neosporin, emergency burn gel
- 3 packs of 4 Batteries
- 6 cans of Chicken Soup
- Red Folder with EPP and ECMA for each child
- Granola Bars
- Calamine Lotion
- 6 bottles of water
- Pull Ups x3
- Bottoms, underwear and top for all children
- Coloring Books for each child
- Sealing Plastic, Large black Scissors and Packing tape

**Missing Items and Health and Safety Standards: All Items Observed on 7/11/2022**

- Missing outlet Covers
- Missing Battery in the Smoke Detector
- Missing First aid kit/ supplies for the home
- Missing Batteries for the Flash light
- Missing Non Perishable Foods (Canned vegetables, soup)
- Missing Emergency Care and Medication Authorization form for each child

**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:

**Shelter In Place Procedures:**

The Provider will gather the children and grab the emergency to go bag and shelter in the bathroom on the first floor (1 door 0 windows). The Provider will contact the parent once everyone is safe.

**Evacuation Procedures:**

**PRIMARY-**

The Provider will have all children line up at the front door and grab the ERTG bag. The provider will lead the children to the vehicle where they will be secured in a booster seat for the youngest child and all other children in a seat belt. The provider will drive to the [REDACTED] entry from the [REDACTED]. The Provider and children will shelter in the living room (1 door 1 large window). Once safe and secured in the home the provider will contact the parent.

**ALTERNATE-**

The provider will have all children line up at the front door and grab the ERTG bag. The provider will lead the children to the vehicle where they will be secured in a booster seat for the youngest child and all other children in a seat belt. The provider will drive to a family [REDACTED]. The Provider will gain entry to the friends home from [REDACTED]. The Provider and children will shelter in the living room (2 windows 1 door). The provider will give the children their coloring books and ensure that they are secure and accounted for. She will then contact the parent.

**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:	<i>Mary K. Kendrick</i>	Printed Name:	
		Signature:	
Date: <i>7/13/2022</i>	Phone:	Date: 7/11/2022	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: <b>09/21/2023</b>	Time In: <b>1:30PM</b>	Time Out: <b>2:47PM</b>	Result: <b>Follow-up Required.</b>
Follow-up Inspection Date: <b>09/25/2023</b>	Time In: <b>3:00PM</b>	Time Out: <b>3:21PM</b>	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>Diana</b>	Last Name: <b>Kennedy</b>	Provider ID: <b>527460</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]		(04/17/2012)	11yr.	/	N
[REDACTED]		(04/21/2014)	9yr.	/	N

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	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 steam from hot water
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored in providers bedroom bathroom
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: 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	Moved to high shelf in bathroom closet
• Medications of any kind	Y	Moved to high shelf in bathroom closet
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Moved to high shelf in bathroom closet and moved on top of fridge



<ul style="list-style-type: none"> <li>Poisonous substances</li> </ul>	Y	Stored in the garage, moved to high shelf of garage rack
<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 via
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> </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 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 (N/A)  <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: Stored in hallway closet near exitItem Specification (if needed):

- 3 backpacks (carrying case), 2 flashlights, 1 case of D batteries, 1 first aid kit, 1 thermometer, no specific meds, 5 bottled waters, 8 canned food, 2 outfits (top/bottom), 2 blankets, folder w/ EPP and ECMA docs per child, 2 books, 1 pair of scissors, 3 trash bags, and 2 rolls of duct tape, and folder with EPP and ECMA docs
- Items to be reviewed on 09/25/2023:
- Outlet coverings in all areas (kitchen, bedrooms, common spaces, basement areas)
- ERTG: Missing ECMA docs per child

**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

Diana

Last Name

Kennedy(Provider)

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 children and grab the ERTG and go into the basement storage room (1 door 0 windows) The provider will use the sealing plastic and tape to seal the door if the need arises. The provider will text then follow-up with a call the parent once secured with emergency updates.

**Evacuation Procedures**

**Primary:** The provider will account for the children, grab the ERTG and head to the provider's vehicle and drive to [REDACTED]. The provider will ensure both children are secured in their seat belts. Upon arrival, the provider will call the [REDACTED] to gain access [REDACTED]. The provider and children would shelter in the [REDACTED] (2 doors 6 windows). The provider will text then follow-up with a call the parent once secured with emergency updates.

**Alternate:** If they could not access the primary location, the provider will account for the children, grab the ERTG and head to the provider's vehicle and drive to [REDACTED]. The provider will ensure both children are secured in their seat belts. Upon arrival, the provider will call the [REDACTED]. The provider and children would shelter [REDACTED] (1 door 3 windows). The provider will text then follow-up with a call the parent 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****INSPECTOR**

Printed Name:

Diana Kennedy

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Signature:

[REDACTED]

Date:

10/15/23

Phone:

[REDACTED]

Date: 09/25/2023

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>	
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Inspection Date: <b>03/02/2023</b>	Time In: <b>3:30PM</b>	Time Out: <b>4:31PM</b>	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>Shanda</b>	Last Name: <b>Kennedy</b>	Provider ID: <b>509074</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]		<b>(08/02/2020)</b>	<b>2</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	
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All areas recessed lighting and ceiling fans
• Has hot and cold running water	Y	Tested by provider and steam observed
• Has a working inside toilet	Y	Tested by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Provider tested both settings of thermostat
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Made call to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	Home First Aid Kit on shelf in bathroom
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Provider moved all knives to high level shelf in the kitchen
• Medications of any kind	Y	High shelf in bathroom
• Matches, lighters and flammable products	Y	None inside, stored outside near grill
• Alcoholic beverages	Y	Stored on high level with the fridge
• Guns	Y	Provider unlocked the safe with code and then locked the gun safe back
• Cleaning agents	Y	Stored on high level shelf in laundry room
• Poisonous substances	Y	Does not own

**GENERAL CLEANLINESS STANDARDS**

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	<b>No diaper age children in care</b>



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	No diaper age children in care
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	No diaper age children in care
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
<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) **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 for Flashlight |   |  |
|  | <input checked="" type="checkbox"/> Non-perishable food | <input checked="" type="checkbox"/> Backpack(s) or carrying case(s)    |
| <input checked="" type="checkbox"/> Portable First Aid Kit   | <input checked="" type="checkbox"/> Diapers             | <input checked="" type="checkbox"/> Consider special toys or games     |

☒ Thermometer☒ Change of clothes☒ Heavy duty scissors, duct or packing tape & sealing plastic or heavy duty trash bags☒ Medications☒ Blanket(s)

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

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

**Location of The Emergency Ready to go Pack:** Emergency bag located in front room near exit door**Item Specifications (if needed):**

- 1 backpack, 1 flashlight light, 2 add. batteries, 1 blanket, 1 thermometer, 1 first aid kit, no specific medications required, 1 bottle of children ibuprofen, 2 bottled waters, 4 canned foods, 1 outfit (top/bottom), 1 small blanket, 1 toy and 1 small book, 1 pair of scissors, 1 roll of duct tape, 1 roll of sealing plastic and folder of EPP/ECMA docs, no diaper age children

**Items to be reviewed on xx/xx/xxxx if needed:** N/A**Emergency Documents**☒ Informal Provider Emergency Preparedness Plan (this completed form)☒ Authorization for emergency medical care**Planning and Maintenance**

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

First Name  
ShandaLast Name  
Kennedy

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

**Shelter-in-Place Procedures:**

Provider will grab the emergency bag and account for the child and go to the [REDACTED] (1 door 0 windows), if the need should arise the provider will seal the doorway with the sealing plastic and duct tape. She will call or text the parents and additional emergency contacts when they are safe in the sheltered location.

**Evacuation Location(s) Procedures:**

**Primary:** The provider will gather the child and ready-to-go bag and head to the provider's vehicle, and secure the child in the car seat with restraints and then drive to the [REDACTED]. The provider is a member and will have immediate key access to the location. Upon entry into the building they will go inside any available meeting room (1-2 doors 0 windows) for shelter. The provider will call or text both parents once they are secured. If she were to have any cellular issues she can use the landline [REDACTED] to contact the parents as well.

**Alternate:** If they could not access the primary location, the provider along with the child and emergency bag will go to her vehicle and she would secure the child in the car seat restraints and drive to the [REDACTED]. Upon arrival to the home the provider will use her keyless door code to enter the home. The provider and child will go into their master closet connected to the master bathroom which has (1 door and 0 windows). Once they are secured in the room the provider will call and/or text the parents to inform them and if needed will use the landline at the home to communicate with the parents.

**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:

Shanda Kennedy

Signature: [REDACTED]

Date: 3-2-23

Phone: [REDACTED]

**INSPECTOR**

Printed Name: [REDACTED]

Signature: [REDACTED]

Date: 03/02/2023

Phone: 1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: 06/14/2023	Time In: 1:30PM	Time Out: 2:39PM	Result: PASSED
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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>Zubaidah</b>	Last Name: <b>Khattab</b>	Provider ID: <b>516945</b>
Provider ID #: [REDACTED]		Email: [REDACTED]

### Care Location Inspected

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age	/	Present (Y/N)
[REDACTED]		(10/14/2022)	2yr.	/	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 steam observed on camera
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored in locked kitchen cabinet
• Has protective coverings on any electrical outlet that is accessible to children	Y	All outlets covered or occupied
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Stored in locked kitchen drawers
• Medications of any kind	Y	Stored on high level shelf in hallway
• Matches, lighters and flammable products	Y	Does not own
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Stored in higher level shelf in laundry room
• Poisonous substances	Y	Does not own
GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	Changing station in child's bedroom



Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Diapers taken out daily
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	All diapering supplies available near changing area
Handwashing procedures are followed. Provider and child's hands washed thoroughly with 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 <u>local</u> Department of Social Services Child Protective Services Unit.	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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

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

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



**Location of The Emergency Ready to go Pack:** Stored in living room near exit

**Item Specification (if needed):**

- 1 flashlight, 1 pk of AAA batteries, 1 first aid kit, 1 thermometer, no spec meds, 2 bottled waters, 2 canned foods, 2 diapers, 1 pk of wipes, 2 outfits(top/bottom/shoes), 1 large blanket, folder w/ EPP and ECMA, 1 toy car, 1 pair of scissors, 1 roll of duct tape and 2 heavy duty trash bags and 1 duffle bag (carrying case)

- 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

Raghida

Last Name

Kammoun (Parent)

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

**Shelter In Place Procedure:**

The provider will gather the child and ERTG and go into [REDACTED] if the need should arise the provider will use black trash bags and tape to seal the space. Once secured the provider will call the parent with emergency updates.

**Evacuation Procedures**

**Primary:** The provider will account for the child and grab the ERTG. The provider will call her transportation and upon arrival secure the child in their forward-facing car seat and head to the location. The provider will call [REDACTED] and use her the key to enter the home. Upon entry she and the child will go to the master bedroom (1 door 2 windows). The provider call the parent once they are settled.

**Alternate:** If they could not access the primary location, the provider will gather the child and ERTG and will call the parent to be driven to the [REDACTED]. Upon the parent's arrival the provider will secure the child in the forward-facing car seat. The provider has key access to the evacuation home, upon entry the provider and child will shelter in the bedroom (1 door 2 windows). The provider will call the parent again once secured.

**Care Hours:**

M-Th 9:00am-2:30pm

**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**

Printed Name:

Zubaidah Khattab

Signature:

[REDACTED]

Date: 7-13-2023

Phone:

[REDACTED]

**INSPECTOR**

Printed Name

[REDACTED]

Signature:

[REDACTED]

Date: 06/14/2023

Phone: 1-877-227-0125

<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>10/04/2022</b> Follow Up Date: <b>10/05/2022</b>	Time In: <b>1:30PM</b> Time In: <b>11:00AM</b>	Time Out: <b>2:39PM</b> Time Out: <b>11:16AM</b>	Result: <b>Needs Follow up</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>Fereshteh</b> Provider ID # <b>[REDACTED]</b>	Last Name: <b>Kheirabadi</b>	Provider ID: <b>434820</b> Email: <b>[REDACTED]</b>
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### 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)
<b>[REDACTED]</b>		<b>03/21/2018</b>	<b>4 / Yes</b>
<b>[REDACTED]</b>		<b>11/26/2012</b>	<b>9 / Yes</b>

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam observed
• Has a working inside toilet	Y	Flush observed
• 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's cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band aids, tape, gauze, alcohol wipes
• Has protective coverings on any electrical outlet that is accessible to children	Y	Plug Covers in kitchen observed
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Knives moved to higher cabinet
• Medications of any kind	Y	Locked in case
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	In Laundry room locked
• Poisonous substances	Y	Other than medications and cleaning solutions



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

Emergency Ready-to-Go Pack		
The Emergency Ready-to-Go Pack must be available and easily accessible in the event of an emergency. This contains a Disaster Supply Kit (including needed medications) <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"/> 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 coat closet by front door

**Item Specification (if needed):**

Jacket, 2 shirts, 2 pants, 2 extra AAA batteries, 3 books  
 Band aids, ointment, alcohol wipes, Neosporin, gloves, Children's Motrin, Acetaminophen,  
 4 8oz water bottles, one can each of peas, beans, mixed vegetables, 2 cans of tuna, Nuts, Crackers, Chips.

**Items to review on 10/05/2022 if needed: Observed 10/05/2022**

Electrical covers  
 Locks on laundry room cleaning agents  
 Emergency Preparedness plan and Emergency Care and Medication Authorization in the ERTG bag

**Emergency Documents**

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

**Planning and Maintenance**

Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:  
 First Name [REDACTED] Last Name [REDACTED]

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

**Shelter in Place Procedure:**

The provider will gather the children, the ERTB from the closet and head to the basement which has two doors and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure in the basement.

**Evacuation Procedures:**

Provider call [REDACTED]. The provider will gather the children, the ERTG bag and head to [REDACTED] where she will secure [REDACTED] booster seat and [REDACTED] seatbelt before driving to the primary evacuation location which is [REDACTED]. Once at the location, they will shelter in bedroom 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 before leaving the care location and after they are secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location, which is [REDACTED]. The provider will call [REDACTED]. The provider will secure [REDACTED] booster seat and [REDACTED] seatbelt before heading to [REDACTED]. They will shelter in the bedroom 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 before leaving the care location and after they are secure in the alternate evacuation location.

**Signatures & Date**

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

PROVIDER		INSPECTOR	
Printed Name	Fereshteh Kheirabadi	Printed Name	[REDACTED]
Signature	[REDACTED]	Signature	[REDACTED]
Date	10/5/22	Date	10/05/2022
Phone	[REDACTED]	Phone	1-877-227-0125



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	
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Inspection Date: 5/4/2021	Time In: 10:00 PM	Time Out: 12:00 PM	Result: APPROVED
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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: Fereshteh	Last Name: Kheirabadi	Provider ID: 434820
		Email: <span style="background-color: black; color: black;">[REDACTED]</span>

**Care Location Inspected**

Street Address: <span style="background-color: black; color: black;">[REDACTED]</span>	City <span style="background-color: black; color: black;">[REDACTED]</span>	County <span style="background-color: black; color: black;">[REDACTED]</span>	State <span style="background-color: black; color: black;">[REDACTED]</span>	Zip Code <span style="background-color: black; color: black;">[REDACTED]</span>
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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;">[REDACTED]</span>		11/26/2012	8	/	Y
<span style="background-color: black; color: black;">[REDACTED]</span>		03/21/2018	3	/	Y
				/	
				/	
				/	
				/	

**Safety of the Home**

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

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

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

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	
• Medications of any kind	N/A	
• Matches, lighters and flammable products	Y	
• Alcoholic beverages	Y	
• Guns	N/A	
• 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	
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> </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	
The provider immediately reports any suspected child abuse, neglect or mistreatment by calling 911 and your <a href="#">local Department of Social Services Child Protective Services Unit</a> .	Y	

### Emergency Ready-to-Go Pack

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

#### Disaster Supply Kit

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

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



Items in the Disaster Supply Kit are clean, organized, and usable (Y/N)? Y
Emergency Ready-to-Go Pack is available and easily accessible in the event of an emergency (Y/N)? Y
Disaster Supply Kit Comments/Notes: The Kit was stored in the children's bedroom in a tote bag.
<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 _____ Last Name _____
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>The Provider will grab the Ready-To-Go kit from the closet in the children's room. The tote bag has two handles and will be easy to maintain on the provider's shoulders. The car seat and booster seat will be secured in the vehicle and the children will relocate to their uncle's house.</b>

<b>Signatures &amp; Date</b>			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed.			
<b>PROVIDER</b>		<b>INSPECTOR</b>	
Printed Name:		Printed Name:	
Signature:		Signature:	
Date:	Phone:	Date: 5/4/2021	Phone: 410-767-7832

<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>08/15/2022</b>	Time In: <b>1:45PM</b>	Time Out: <b>2:40PM</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>Maria</b>	Last Name: <b>King</b>	Provider ID: <b>476127</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]		1/7/2016	6 / No

### 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	Certification Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	
• Has a working inside toilet	Y	Cabinet under sink locked
• Has utilities for cooking, lighting and heating	Y	Gas stove
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	
• Has a working telephone	Y	Provider called on cell
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Band-Aids, gauze, water block, Benadryl, Tylenol, Neosporin
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered if not in use
Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Sharp or pointed items	Y	Locked in drawer
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	On top of Fridge
• Alcoholic beverages	Y	
• Guns	Y	None
• Cleaning agents	Y	Locked
• 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	N/A
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
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.

#### 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:** Closet on first floor

**Item Specification (if needed):**

3 shirts, 1 pants, 1 shorts, pairs socks,  
4 extra AA batteries, candy land game  
Safety pins, gloves, scissors, gauze, alcohol wipes, bandages, arm sling, tweezers  
2 16oz water bottles, 2 cans of chicken & stars, chicken Gumbo, ramen noodles,

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

**Emergency Documents**

☒ Informal Provider Emergency Preparedness Plan (this completed form)

☒ Authorization for emergency medical care

**Planning and Maintenance**

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

First Name

Last Name

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

**Shelter In Place Procedure:**

The provider do a head count the ERTB and head to the storage room in the basement which has one door and no windows. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parent once they are secure. and let her know that they are sheltering in place.

**Evacuation Procedures:**

Then provider will do a head count, grab the to the provider's vehicle where she will secure the car seat before driving to the primary evacuation location which provider will call and let them know they were on their way before leaving the care location. Once at the location, the provider will gain entry with spare key and head to the storage/laundry room which has one door and no windows. If the need should arise, the provider will use plastic and tape to seal the shelter. The provider will call the parents on the way to the evacuation location and call again after they secure in the evacuation location.

If they couldn't shelter at the primary location, they will go to the alternate evacuation location. The provider will call they are on their way. Provider will gain entry with spare key they will shelter in the basement that has no windows and 2 doors. If the need should arise the provider will use plastic and tape to seal the shelter. The provider will call the parents on the way to evacuation location and call 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:

MARIA A. KING

Printed Name:

Signature:

Signature:

Date:

8/15/2022

Phone:

Date: 08/15/2022

Phone: 1-877-227-0125





<ul style="list-style-type: none"> <li>Matches, lighters and flammable products</li> </ul>	Y	On top of the refrigerator
<ul style="list-style-type: none"> <li>Alcoholic beverages</li> </ul>	Y	Not kept in the home.
<ul style="list-style-type: none"> <li>Guns</li> </ul>	Y	Axe in the garage on top of the freezer out of the child's reach.
<ul style="list-style-type: none"> <li>Cleaning agents</li> </ul>	Y	Cabinet locks are not installed. Must observe locks on 10/01/21. Observed cabinet locks on 10/01/21
<ul style="list-style-type: none"> <li>Poisonous substances</li> </ul>	Y	Gardening supplies kept in the shed not inside the home.
<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	Child toilet trained.
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash can in the kitchen and outdoor trash dumpster.
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	Child toilet trained.
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> </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 <u>local</u> Department of Social Services Child Protective Services Unit.</b>	Y	

### Emergency Ready-to-Go Pack

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

### Disaster Supply Kit



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

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

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

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

**Emergency Ready- to- Go Pack located:** In the closet near the front door.

**Items Description:**

- First Aid Kit: Bandages, Ice Pack, Gauze, 2 Packs of Gloves, Itch Cream, Neosporin.
- Pack of 4 AA Batteries
- Thermometer: Forehead Scan
- Bottled Water: 2 16.9 oz Bottles
- Medication in the bag for Averin
- Large Blanket
- Foods: Ramen Noodles and Canned Chicken Soup
- Clothing: Brown T Shirt and Cargo Shorts
- Scout Toy and Math K Learning Puzzle
- Blue and Red Backpack
- Large Green Scissors, Orange Duct Tape, and 3 Large Trash Bags
- Will observe Flashlight with batteries installed, Back up batteries for the flashlight, Emergency Preparedness Plan and Emergency Care and Medication Authorization on 10/01/21.

**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:

**Shelter in Place:**

Provider will grab [REDACTED] and the ERTG pack and proceed to the back room in the basement (1 small window and 2 doors one leading into the room). Once they are secured in the basement room the provider will contact the parent and call for help.

**Evacuation:**

Provider will be sure everyone is dressed and put [REDACTED] in his car seat. On the way to [REDACTED] home the provider will contact the parent. The provider will also call and inform her that she is coming however the provider also has keys to the home. The provider will shelter in the laundry room (0 windows 1 door). If unable to shelter here the provider will put [REDACTED] in the car seat and transport him to her second daughter [REDACTED] home where she will seek shelter in the basement (1 window 2 doors). On the way to this location the provider will contact the parent.

**Signatures & Date**

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

PROVIDER

INSPECTOR

Printed Name:

MARIA A. KING

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Signature:

[REDACTED]

Date: 10/1/2021

Phone:



Date: 10/01/2021

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>12/20/2022</b>	Time In: <b>9:00AM</b>	Time Out: <b>9:55AM</b>	Result: <b>Did not Pass. Follow-Up Needed</b>
Follow-Up Inspection <b>12/20/2022</b>	Time In: <b>3:00PM</b>	Time Out: <b>3:10PM</b>	Result: <b>PASSED</b>

<b>Informal Care</b>
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Type of Care (check one): <input type="checkbox"/> Non-relative Informal Provider Care <input checked="" type="checkbox"/> Relative Informal Provider Care
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<b>Provider Information</b>
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First Name: <b>Danaija</b>	Last Name: <b>Kinlaw</b>	Provider ID: <b>[REDACTED]</b>
Provider ID # <b>[REDACTED]</b>		Email: <b>[REDACTED]</b>

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

Name of Children in Care (add pages if needed)	Scholarship	Date of Birth	Age / Present (Y/N)
<b>[REDACTED]</b>		<b>8/20/2016</b>	<b>6 / No</b>
<b>[REDACTED]</b>		<b>8/1/2015</b>	<b>7 / No</b>
<b>[REDACTED]</b>		<b>12/31/2020</b>	<b>23 Mos./ No</b>
<b>[REDACTED]</b>		<b>5/28/2022</b>	<b>6 Mos. / No</b>

<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	Certificate Submitted
Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
• Is in good repair	Y	
• Is free of insect or rodent infestation	Y	No sign of Infestation
• Is well-lit and well-ventilated	Y	
• Has hot and cold running water	Y	Steam Observed
• Has a working inside toilet	Y	Flush Observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	
• Has a working refrigerator and stove	Y	Light came on when opened
• Has a working telephone	Y	Provider's cell called
• Has operational smoke detector(s)	Y	
• Has first aid kit/supplies	Y	Peroxide, band-aids, alcohol wipes, gauze
• Has protective coverings on any electrical outlet that is accessible to children	Y	Covered, in use 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	Back of counter
• Medications of any kind	Y	
• Matches, lighters and flammable products	Y	None
• Alcoholic beverages	Y	None
• Guns	Y	None
• Cleaning agents	Y	
• Poisonous substances	Y	Other than medications and cleaning solutions

GENERAL CLEANLINESS STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
All areas of the home are kept clean, including diapering area.	Y	
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	
Child is changed immediately when s/he has a soiled or wet diaper, clothing or bedding.	Y	
Diapering procedures are followed.	Y	
Handwashing procedures are followed. Provider and child's hands washed thoroughly with soap and warm running water after: <ul style="list-style-type: none"> <li>Toileting;</li> <li>Diapering;</li> <li>Before food preparation and eating;</li> <li>After playing outdoors; and</li> <li>At other times when necessary to prevent the spread of disease.</li> </ul>	Y	
CHILD ABUSE, NEGLECT AND MISTREATMENT STANDARDS	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
<b>A child is not subject to any form of abuse</b> , including: <ul style="list-style-type: none"> <li>Physical injury</li> <li>Any sexual abuse</li> <li>Mental injury</li> </ul>	Y	
<b>A child in care is not subjected to any form of neglect</b> , including: <ul style="list-style-type: none"> <li>The failure to give proper care and attention to a child including leaving a child unattended under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm;</li> <li>Mental injury to a child, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child.</li> </ul>	Y	
<b>A child in care is not subjected to mistreatment</b> , including: <ul style="list-style-type: none"> <li>Any deliberate act that hurts a child physically or emotionally, including: <ul style="list-style-type: none"> <li>Spanking, Biting, Hitting, Shaking</li> <li>Any other means of physical discipline</li> <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) <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 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	<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	
<b>Location of The Emergency Ready to go Pack:</b> By the front door	
<b>Item Specification (if needed):</b> 4 AAA batteries, 4 pants, 3 shirts, 3 underwear, Band-aids, gauze, tape, ointment, alcohol wipes, Tylenol, cough syrup, 10 diapers, 4 16oz bottles of water, 1 large can each of green beans, beef-a-roni, spaghetti & meatball, baked beans, formula & rice for it.	
<b>Items to review on 12/20/2022 if needed:</b> Observed 12/20/2022 @ 3:00PM	
Ointment for first aid kit	
<b>Emergency Documents</b>	
<input checked="" type="checkbox"/> Informal Provider Emergency Preparedness Plan (this completed form) <input checked="" type="checkbox"/> Authorization for emergency medical care	
<b>Planning and Maintenance</b>	
Person responsible for updating the Disaster Supply Kit and the Emergency Documents regularly:	
First Name <b>Danaia</b>	Last Name <b>Kinlaw</b>
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: <b>Rolled</b>	
<b>Shelter In Place Procedure:</b> The provider will account for the children and take them and the ERTB , and shelter in the main bedroom. The room has one door and two 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 in the room.	
<b>Evacuation Procedures:</b> The provider will account for the children and take them and the emergency bag, then proceed to the provider's vehicle where she will secure the [REDACTED] in car seats and the older children their seatbelts, before driving to the primary evacuation location, which is [REDACTED]. Provider will gain entry with spare key. Once at the location, they will shelter in the front room which has 2 windows and one door. The provider will seal the shelter with the trash bags and tape if the need should arise. The provider will call the parents before leaving the care location and after they are secure in the evacuation location. If they couldn't shelter at the primary location, they will go to the alternate evacuation location which is [REDACTED]. The provider will grab the emergency bag, gather the children, then proceed to the provider's vehicle where she will secure the younger two in car seats and the older two in seat belts, before driving to the location. Provider will gain entry with spare key. They will shelter in the front 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 before leaving the care location and after they are secure in the alternate evacuation location.	

Signatures & Date			
Acknowledgement: By signing below the parties acknowledge that all standards have been reviewed, and any corrections if needed have been discussed. The parties also acknowledge that, if approved, the home in which care is provided is subject to random, unannounced pop up visit which will be conducted virtually or in-person.			
PROVIDER		INSPECTOR	
Printed Name: <b>Danaia Kinlaw</b>		Printed Name: [REDACTED]	
Signature: [REDACTED]		Signature: [REDACTED]	
Date: <b>12/20/2022</b>	Phone: [REDACTED]	Date: <b>12/20/2022</b>	Phone: <b>1-877-227-0125</b>





<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>10/02/2023</b>	Time In: <b>1:30PM</b>	Time Out: <b>2:51PM</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>Sierra</b>	Last Name: <b>Kinsey</b>	Provider ID: <b>528405</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]		(12/31/2022)	9mos./ Y

### Safety of the Home

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe if needed
Basic Health and Safety Training Completed?	Y	Relative Informal Care – Certificate Submitted
<b>Home is free of health and safety hazards:</b>	<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 and utility bill submitted
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored in providers bathroom closet
• 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 in knife holder on the back of the counter
• Medications of any kind	Y	Stored on top shelf of hallway closet
• Matches, lighters and flammable products	Y	Matches stored in top kitchen cabinet
• Alcoholic beverages	Y	Alcoholic beverages on back of counter on glass tray
• Guns	Y	Does not own
• Cleaning agents	Y	Moved to top of hallway closet, top shelf of provider's bathroom closet, in locked kitchen 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 living room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Trash thrown away daily via garage trash bin
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>
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) 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 (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	
<b>Location of The Emergency Ready to go Pack:</b> Stored in hallway closet near exit	
<b>Item Specification (if needed):</b>	
: 1 flashlight, 5 extra AA batteries, 1 first aid kit, 1 thermometer, no specific medications, 4 bottled waters, 1 pair of scissors, 2 canned foods, 1 jar of baby food, 20 diapers and 1 pk of wipes, 1 outfit (shirt/bottom/socks/sweater), 2 blankets, 1 toy, 3 heavy duty trash bags, 1 roll of duct tape, folder w/ EPP and ECMA docs, and 1 backpack (carrying case)	
: 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:	
First Name Sierra	Last Name Kinsey
Description of how the Emergency Ready-to-Go Pack will be transported to an evacuation location: carried by the provider.	
<b>Shelter In Place Procedure:</b>	
The provider will gather the child and ERTG and go into the basement area (0 door 1 window). The provider will use the sealing plastic and tape to seal the window and vent if the need arises. The provider will call or text the parent once secured with emergency updates.	
<b>Evacuation Procedures</b>	
<b>Primary:</b> 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 her rear-facing car seat and drive to [REDACTED]. Upon arrival the provider would use [REDACTED] and she and the child would shelter [REDACTED] (1 door 1 window). The provider will call or text the parent before, during and after once secured with emergency updates.	
<b>Alternate:</b> 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 her rear-facing car seat and drive to [REDACTED]. Upon arrival the provider would [REDACTED] and she and the child would shelter [REDACTED] (1 door 1 window). The provider will call or text the parent before, during and after once secured with emergency updates.	
<b>Care Hours:</b> [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: Sierra Kinsey	Printed Name: [REDACTED]		
Signature: [REDACTED]	Signature: [REDACTED]		
Date: 10/15/2023    Phone: [REDACTED]	Date: 10/02/2023    Phone: 1-877-227-0125		



<input checked="" type="checkbox"/> Virtual Inspection <input type="checkbox"/> In-person Inspection	<b>Maryland State Department of Education/Office of Child Care</b> <b>Child Care Scholarship Program</b> <b>INFORMAL CARE</b> <b>INSPECTION CHECKLIST</b>	Return to: ccs.informalproviders@maryland.gov
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Inspection Date: <b>10/13/2023</b> Follow-up Inspection Date: <b>10/17/2023</b>	Time In: <b>11:00AM</b> Time In: <b>9:00AM</b>	Time Out: <b>12:15PM</b> Time Out: <b>9:26AM</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 checked="" type="checkbox"/> Non-relative Informal Provider Care <input type="checkbox"/> Relative Informal Provider Care	
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**Provider Information**

First Name: <b>Sarah</b> Provider ID #: [REDACTED]	Last Name: <b>Kleis</b>	Provider ID: <b>529575</b> Email: [REDACTED]
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**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]		(02/12/2023)	7mos.	/ Y

  

**Safety of the Home**

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

Health and Safety Training:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
Basic Health and Safety Training Completed?	Y	Non-Relative Informal Care – Certificate Submitted

  

Home is free of health and safety hazards:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
• Is in good repair	Y	All areas were clean
• Is free of insect or rodent infestation	Y	No evidence of infestation
• Is well-lit and well-ventilated	Y	All lights were turned on and natural window lighting
• Has hot and cold running water	Y	Tested by provider and steam observed via the kitchen faucet
• Has a working inside toilet	Y	Flushed by provider and observed
• Has utilities for cooking, lighting and heating	Y	
• Has a working and safe heating system	Y	Thermostat tested by provider for cooling & heating – utility bill previously submitted
• Has a working refrigerator and stove	Y	Tested by provider and observed
• Has a working telephone	Y	Outbound call made by informal team to provider's phone
• Has operational smoke detector(s)	Y	Tested by provider and observed
• Has first aid kit/supplies	Y	First aid kit stored in kitchen drawer
• Has protective coverings on any electrical outlet that is accessible to children	Y	Corrective Action Completed: All outlets covered or occupied

  

Harmful items are stored appropriately and away from children:	Standard Met Y/N	Comments/Notes Corrective Action /Timeframe If needed
• Sharp or pointed items	Y	In knife holder on back of counter
• Medications of any kind	Y	Stored on high shelf of the kitchen cabinet
• Matches, lighters and flammable products	Y	Moved to higher kitchen cabinet
• Alcoholic beverages	Y	Does not own
• Guns	Y	Does not own
• Cleaning agents	Y	Corrective Action Completed: Kitchen and bathroom cabinet locks added



• 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 the living room
Trash, garbage and wet and soiled diapers are disposed of in a sanitary manner.	Y	Taken out daily via 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 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	<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 living room near exit****Item Specification (if needed):**

- 1 backpack (carrying case), 1 flashlight, 2 pk of AAA batteries, 1 first aid kit, 1 thermometer, 2 bottled waters, 2 canned foods, 3 baby food and 1 can of formula, 3 diapers and 1 pk of wipes, 2 blankets, 1 roll of duct tape, no specific medications, 2 outfits (onesies), 1 book, 2 toys, 2 pair of scissors, 1 roll of duct tape, 7 trash bags and folder w/ EPP and ECMA docs
- Items to be reviewed on 10/17/2023: Corrected & Reviewed on 10/17/2023
- 1. Outlet coverings needed in all areas (bedrooms, common spaces, bathrooms, basement)
- 2. Lock needed for basement door
- 3. Lock needed for bathroom and kitchen cabinet w/ cleaning products
- 4. Test properly functioning smoke detector

**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

Sarah

Last Name

Kleis

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 grab the child and ERTG and carry them into the basement area (1 door 0 window). Provider will ensure all exterior doors are locked. The provider will use the sealing plastic and tape to seal the door if the need arises. There are no windows or vents to be sealed. Once secured the provider will call the parent with emergency updates.

**Evacuation Procedures**

**Primary:** The provider will grab the child and ERTG and head to the provider's vehicle. The provider will secure the child in their rear-facing car seat and drive to [REDACTED]. Upon arrival the provider will text and call the parent [REDACTED] with emergency updates and [REDACTED]. The provider and child would shelter in [REDACTED] (1 door 1 window) or [REDACTED] (0 door 2 windows). Once secured the provider will call the parent with emergency updates.

**Alternate:** If they could not access the primary location, the provider will grab the child and ERTG and head to the provider's vehicle. The provider will secure the child in their rear-facing car seat and drive to the [REDACTED]. Upon arrival the provider will receive instruction from any [REDACTED] about where to shelter specifically. Once secured the provider will call and text the parent with emergency updates.

**Care Hours:**

[REDACTED]

**Signatures & Date**

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

**PROVIDER**

Printed Name:

SARAH KLEIS

Signature:

[REDACTED]

Date: 10/17/2023

Phone

[REDACTED]

**INSPECTOR**

Printed Name:

[REDACTED]

Signature:

[REDACTED]

Date: 10/17/2023

Phone: 1-877-227-0125